NEW MEXICO OIL CONSERVATION COMMISSION

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

ILLEGIBLE

OPERATOR	
PRORATION OFFICE	
TRANSPORTER OIL	
TRANSPORTER GAS	
OPERATOR	
PRORATION OFFICE	

Operator
Mobil Oil Corporation

Address
Box 633, Midland, Texas 79701

Reason(s) for filing (Check proper box)

New Well		Change in Transporter of:	
Recompletion	X	Oil	Dry Gas
Change in Ownership		Casinghead Gas	Condensate

Other (Please explain)

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Brunson Arg	6	Drinkard Gas	State, Federal or Fee Fee	

Location
Unit Letter E : 660 Feet From The West Line and 1980 Feet From The North
Line of Section 10 Township 22 S Range 37-E , NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒	Address (Give address to which approved copy of this form is to be sent)
Texas New Mexico Pipe Line Co.	Box 1510, Midland, Tx 79701
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒	Address (Give address to which approved copy of this form is to be sent)
Northern Natural Gas Co.	Box 3316, Midland, Tx 79701

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	E	10	22-S	37-E	Yes	10-17-73

If this production is commingled with that from any other lease or pool, give commingling order number: R-1616

IV. COMPLETION DATA

Designate Type of Completion – (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resv.	Diff. Resv
		X		X				

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
9-1-73	10-19-73	6570	
Elevations (DF, RKB, RT, GR, etc.)	**Name of Producing Formation**	**Top Oil/Gas Pay**	**Tubing Depth**
3420 GR	Drinkard Gas		6408
Perforations 6307, 09, 13, 25, 27, 35, 38, 41, 44, 54, 57, 70, 74, 76, 78, 85, 92, 92, 96, 97, 99, 6401, 04, 11, 14, 20, 24, 26, 28, 34 + 6444			**Depth Casing Shoe**

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	9-5/8	1170	325 sx
	7	3578	275 sx
	5	6570	250 sx

V. TEST DATA AND REQUEST FOR ALLOWABLE

(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

OIL WELL

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	**Tubing Pressure**	**Casing Pressure**	**Choke Size**
Actual Prod. During Test	**Oil-Bbls.**	**Water-Bbls.**	**Gas-MCF**

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
640	24	~~.002~~ .007	62.6
Testing Method (pitot, back pr.)	**Tubing Pressure (Shut-in)**	**Casing Pressure (Shut-in)**	**Choke Size**
Prod.	220		48/64

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Christine O. Tucker
(Signature)
Secretarial Clerk
(Title)
10-31-73
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19 _____

BY Jack D. Ramey

TITLE _____

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.