

ILLEGIBLE

Federal Property
 Oil Property
 Federal Land Office Property

Address: Mobil Oil Corporation
Post 633, Midland, Texas 79701
 Reason(s) for filing (Check in box):
 New Well Change in Transporter of: Oil Dry Gas
 Recompletion Other (Please explain): effectuated 9-1-72
 Change in Ownership

If change of ownership give name and address of previous owner:

B. DESCRIPTION OF WELL AND LEASE

Name of Lease: Brown-Griggs Location: 602 Blounting Lane Kind of Lease: Lease
 State, Federal or Terr: Tex
 Unit Letter: E ; 1980 Feet From The North Line and 660 Feet From The West
 Line of Section: 10 Township: 22 S Range: 37 E County: Lea

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil: Imperial Petroleum Products Co. Address: Post 1510, Midland, Tex 79701
 Name of Authorized Transporter of Commercial Gas: Northern Natural Gas Co. Address: Post 2370, Houston, Tex.
 If well produces oil or liquids, give location of tanks: E 10 22 S 37 E Is gas actually compressed? Yes

If this production is commingled with that from any other lease or pool, give commingling order numbers:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Shut-In Well	Other
	<input checked="" type="checkbox"/>	<input type="checkbox"/>						
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.W.D.		
Elevations (DF, R.L.B., RT, CR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		

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)

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-Base	Water-Base	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Brls. Condensate/MCF	Gravity of Condensate
Testing Method (flow, back prod)	Tubing Pressure (100' in)	Casing Pressure (100' in)	Choke Size

VI. CERTIFICATE OF COMPLETION

I hereby certify that the data 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
 Production Clerk

OIL CONSERVATION COMMISSION
SEP 7 1972
 APPROVED _____
 ORG. Signed by **Joe D. Ramey**
 Dist. I, Supv.

This form is to be filed in compliance with 40 CFR 150.104. If the well is a gas well, the test must be for a minimum of 24 hours. The test must be conducted in accordance with the rules and regulations of the Oil Conservation Commission.

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RECEIVED

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