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DISTRIBUTIO			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
IRANSPORTER	OIL		
	GAS		
OPERATOR			

	DISTRIBUTION SANTA FE FILE	REQUEST	CONSERVATION COMMISSION FOR ALLOWABLE AND	Form C-104 Supersedes Old C-104 and C-11 Effective 1-1-65		
1.	U.S.G.S. LAND OFFICE I RANSPORTER GAS OPERATOR PRORATION OFFICE	AUTHORIZATION TO TRA	ANSPORT OIL AND NATURAL G	: AS		
•	Operator Mobil Producing Texas	& New Mexico Inc.				
	Address 9 Greenway Plaza, Suite 2700, Houston, TX 77046					
	Reason(s) for filing (Check proper box) Other (Please explain)					
	Recompletion Change in Ownership	pletion Oil Dry Gas Corporation.				
	If change of ownership give name and address of previous owner					
11.	DESCRIPTION OF WELL AND	LEASE Well No. Pool Name, Including F	ormation Kind of Lease			
	Brunson Argo	18 Drinkard	State, Federal			
	Unit Letter C ; 660	Feet From The North Lin	ne and 2080 Feet From T	he West		
	Line of Section 10 Tow	mship 22-S Range	37-Е , МРМ,	Lea County		
ın.	DESIGNATION OF TRANSPORT					
	Name of Authorized Transporter of Oil Texas New Mexico Pipe		Address (Give address to which approve Box 1510 Midland,			
	Name of Authorized Transporter of Casinghead Gas or Dry Gasaxx Address (Give address to which a		Address (Give address to which approv	roved copy of this form is to be sent)		
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. P.ge. F 10 22-S 37-E	Box 3316 Midland To the state of the state o			
	If this production is commingled wit COMPLETION DATA	h that from any other lease or pool,	give commingling order number:	PC-163		
	Designate Type of Completio	n - (X) Oil Well Gas Well	New Weil Workover Deepen	Plug Back Same Res'v. Diff. Res'v.		
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth		
	Perforations			Depth Casing Shoe		
	HOLE SIZE	TUBING, CASING, AND CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
V.	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)					
	VIII WELLI		Producing Method (Flow, pump, gas lift, etc.)			
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
	Actual Prod. During Test	Oil-Bbls.	Water - Bhis.	Gas-MCF		
GAS WELL						
	Actual Prod. Test-MCF/D	Length of Teet	Bbis. Condensate/MMCF	Gravity of Condensate		
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
VI.	CERTIFICATE OF COMPLIANC					
	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. Declay Property		APPROVED Orig. Signed by			
			Jerry Sexton			
			TITLE Dist 1, Supv. 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.			
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			Fill out only Sections I. II. III, and VI for changes of owner, well name or number, or transporter, or other such change of condition. Separate Forms C-104 must be filed for each pool in multiply			
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