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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-1,
Effective 1-1-65

Operator Mobil Oil Corporation	
Address Box 633, Midland, Texas 79701	
Reason(s) for filing (Check proper box)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input checked="" type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please explain)	

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name S. E. Long	Well No. 3	Pool Name, including Formation Wantz-Granite Wash	Kind of Lease State, Federal or Fee	Lease No. Fee
Location Unit Letter <u>0</u> ; <u>660</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>East</u>				
Line of Section <u>11</u> Township <u>22-S</u> Range <u>37-E</u> , NMPM, <u>Lea</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Texas-New Mexico Pipe Line Company	Address (Give address to which approved copy of this form is to be sent) Box 1510, Midland, Texas 79701					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> Skelly Oil Company	Address (Give address to which approved copy of this form is to be sent) Box 1135, Eunice, NM 88231					
If well produces oil or liquids, give location of tanks.	Unit 0	Sec. 11	Twp. 22-S	Rge. 37-E	Is gas actually connected? Yes	When 8-31-72

If this production is commingled with that from any other lease or pool, give commingling order number: **EFFECTIVE JANUARY 31, 1977,**

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input checked="" type="checkbox"/>	Plug Back <input type="checkbox"/>	Some Other <input type="checkbox"/>
Date Spudded 7-17-74	Date Compl. Ready to Prod. 10-2-74		Total Depth 7330		F.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.) 3355	Name of Producing Formation Granite Wash		Top Oil/Gas Pay 7222		Tubing Depth 7187		
Perforations 7222, 29, 39, 45, 56, 63, 73, 81, 90, 95, 7299					Depth Casing Shoe 7329		
TUBING, CASING, AND CEMENTING RECORD							
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT		
17-1/2	13-1/8		310		250 SX		
12-1/4	9-5/8		2803		1000 SX		
8-3/4	7"		5150		500 SX		

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

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

Date First New Oil Run To Tanks 9-19-74	Date of Test 10-14-74	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hrs	Tubing Pressure 350	Casing Pressure Packer	Choke Size 20/64"
Actual Prod. During Test 208	Oil-Bbls. 208	Water-Bbls. 18	Gas-MCF 302.8

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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.

Authorized Agent

10-16-74

(Date)

OIL CONSERVATION COMMISSION

APPROVED

BY

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 owner, well name or number, or transporter or other such change of condition.
Separate Forms C-104 must be filed for each pool in which

WELL NAME AND NUMBER S. E. Long Well #3

LOCATION 660' FSL & 1980' FEL Sec. 11, T22S, R37E, Wantz Field, Lea County, N. M.
(New Mexico give U, S, T & R; Texas give S, Blk., Sur. & Twp. when required)

OPERATOR Mobil Oil Corporation

DRILLING CONTRACTOR CAPITAN DRILLING COMPANY

The undersigned hereby certifies that he is an authorized representative of the drilling contractor who drilled the above-described well and that he has conducted deviation tests and obtained the following results:

<u>Degrees @ Depth</u>	<u>Degrees @ Depth</u>	<u>Degrees @ Depth</u>	<u>Degrees @ Depth</u>
<u>1 1/4 5248'</u>	<u> </u>	<u> </u>	<u> </u>
<u>1 1/2 5700'</u>	<u> </u>	<u> </u>	<u> </u>
<u>2 6090'</u>	<u> </u>	<u> </u>	<u> </u>
<u>2 1/4 6575'</u>	<u> </u>	<u> </u>	<u> </u>
<u>1 3/4 7030'</u>	<u> </u>	<u> </u>	<u> </u>
<u>1 7300'</u>	<u> </u>	<u> </u>	<u> </u>
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Drilling Contractor Capitan Drilling Co., Inc.

By Marvin L. Smith
Marvin L. Smith

Subscribed and sworn to before me this 5 day of September, 1974

My Commission Expires:

William C. Smith
Notary Public
Ector County, Texas