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SANTA FE			[
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PROPATION OFFICE			

(Date)

HEW MEXICO OIL CONSERVATION COMMIS Y REQUEST FOR ALLOWABLE AND

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

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

	S.G.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			AS		
[AND OFFICE					
	TRANSPORTER OIL					
	GAS					
	OPERATOR	•		•		
1.	PRORATION OFFICE					
	Operator Webil Oil Corneration					
	Mobil Oil Corporation					
!	9 Greenway Plaza, Suite 2700, Houston					
	Reason(s) for filing (Check proper box)	74, 54122 2700, 11042 0011	Other (Please explain)			
	New Well	Change in Transporter of:	Owner (1 teace express)			
	Recompletion X	Oil Dry Gas	. 🗂	·		
	Change in Ownership	Casinghead Gas Condens	声 !			
	Change in Ownership					
	If change of ownership give name					
	and address of previous owner					
**	DESCRIPTION OF WELL AND I	FASE	_			
ш.	DESCRIPTION OF WELL AND L	Well No. Pool Name, Including Fo	ormation Kind of Lease	Lease No.		
	S. E. Long	5 Tubb Gas	State, Federal	cr Fee 918AE		
	Location					
	1, 1, 1, 2,	Feet From The West Line	e and 660 Feet From T	he South		
	Unit Letter ; = 700	Peet Float The				
	Line of Section 11 Town	mship 22S Range 3	37E , NMPM, Le	ea County		
	Eme of occurs.					
111	DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GA	.s			
	Name of Authorized Transporter of Oil	or Condensate 🕎	Address (Give address to which approv	ed copy of this form is to be vent)		
	Tex - New Mexi	co PL Co.	Box 1510, Midland, TX	79701		
	Name of Authorized Transporter of Cas.	inghead Gas or Dry Gas	Address (Give address to which approv	ed copy of this form is to be sent)		
	Northern Natur	al Gas Co.	2223 Dodge Street, Omaha	a, Nebraska 68102		
		Unit Sec. Twp. P.ge.	Is gas actually connected? Whe	en .		
	If well produces oil or liquids, give location of tanks.	0 11 22 37	No w	ill be connected $11/17/78$		
	If this production is commingled wit	h that from any other lease or pool.	give commingling order number:	NA .		
IV.	COMPLETION DATA					
- • •		Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Restv. Diff. Restv.		
	Designate Type of Completio	$\mathbf{n} - (\mathbf{X})$	1 t	X !		
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
	8-21-78	8-25-78	6491	6200		
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth		
	3346 GR	Tubb	5887	5840		
	Perforations			Depth Casing Shoe		
	5887-6119 (95	holes)		<u> </u>		
		TUBING, CASING, AND	CEMENTING RECORD			
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
	17-1/2	13–3/8	265	250sx		
	11	9–5/8	2815	1000sx (circulated)		
	7–7/8	5-1/2	6491	925sx		
			<u> </u>	<u> </u>		
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 to able for this depth or be for full 24 hours)					
	OIL WELL	abte joi titta de	Producing Method (Flow, pump, gas li	ft. etc.)		
	Date First New Oil Run To Tanks	Date of Test	Producting Mannes (1 10m) Pampy Base 11			
			Casing Pressure	Choke Size		
	Length of Test	Tubing Pressure				
		Tour Phile	Water-Bbls.	Gas - MCF		
	Actual Prod. During Test	Oil-Bbls.				
		<u> </u>		<u> </u>		
	·					
	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate		
		\ _ ·	0	46.2		
	1300	24 hrs. Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
	Testing Method (pitot, back pr.)	250		16/64"		
			OU CONSERVA	ATION COMMISSION		
VI	. CERTIFICATE OF COMPLIAN	CE	11	3/170		
	•		APPROVED NOV 22 1978 2. 19			
	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.					
above to the one of the		TITLE SUPERVISOR DISTRICT I				
This form is to						
			This form is to be filed in	compliance with RULE 1104.		
	Branno If this is a request for allowable for a newly drilled or de well, this form must be accompanied by a tabulation of the de			PUING OF E (EDMEILOR OF 1114 ACTIONS		
(Signature) well test			I tasta taken on the well in acco	tarta taken on the well in accordance with ROLE		
	Authorized Agent		Att sections of this form mi	All sections of this form must be filled out completely for allow		
	Authorized Agent (Title)		able on new and recomplained walls.			
	November 16, 1978		I *** ST for changes of OWDST			
	November 10, 1970		Fill out only Sections I. II. III. and VI to change of condition well name or number, or transporter, or other such change of condition			