NEW MEXICO OIL CONSERVATION COMMISSION

MISCELLANEOUS REPORTS ON WELLS

TRANSPORTER: OIL / GAS

OPERATOR

PRORATION OFFICE

I. Operator

Mobil Oil Corporation

Address

Box 633, Midland, Texas 79701

Reason(s) for filing (Check proper box)

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

Other (Please explain)

Effective 9-1-72

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 (State, Federal or Fee)	Lease No.
D. E. Long	7	Drinkard	Fee	

Location

Unit Letter F : 660 Feet From The East Line and 1780 Feet From The South

Line of Section 11 Township 22 S Range 37-E , NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil (X) 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, Texas 79701
Name of Authorized Transporter of Casinghead Gas (X) or Dry Gas ( )	Address (Give address to which approved copy of this form is to be sent)
Shell Oil Co.	Box 1135, Eunice, N. M. 88231

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	O	11	22 S	37-E	Yes	

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

IV. COMPLETION DATA

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

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

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)

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

Testing Method (pitot, back pr.)	Testing 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.

Christine O. Tucker

(Signature)

Transportation Clerk

(Title)

OIL CONSERVATION COMMISSION

APPROVED SEP 7 1972, 19

BY Orig. Signed by Joe D. Ramey

TITLE Dist. I, 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 in accordance with Rule 111.