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DISTRIBUTION SANTA FE		NEW MEXICO OIL CONSERVATION COMMIS N Form C-104 REQUEST FOR ALLOWABLE Supersedes Old C-104 and C-				
FILE		AND Effective 1-1-65				
U.S.G.S.	AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL	GAS			
LAND OFFICE						
TRANSPORTER GAS		•				
OPERATOR PRORATION OFFICE			·			
Operator						
Mobil Oil Corporatio	)n	· · · · · · · · · · · · · · · · · · ·				
	a East, Suite 800, Houston,	Texas 77046				
Reason(s) for filing (Check proper	box)	Other (Please explain)				
New Well	Change in Transporter of: Oil Dry Ga	Change in Transporter of:				
Recompletion Change in Ownership						
If change of ownership give name and address of previous owner						
I. DESCRIPTION OF WELL A	ND LEASE Well No.; Pool Name, Including F	ormation Kind of Lea	Lease No.			
Lease Name	9 Wantz-Granite					
S. E. Long	y wallez ordified		= =			
Unit Letter J ;;	1780 Feet From The South Lin	ne and 1980 Feet From	n The East			
Line of Section 11	Tawnship 22-S Range	37-Е , ммрм, Le	a County			
I. DESIGNATION OF TRANSP	ORTER OF OIL AND NATURAL GA	AS	roved copy of this form is to be sent)			
Name of Authorized Transporter of	f Oil 🗶 or Condensate 📋	Address (Give acaress to writen app				
Texas New Mexico Pi	Casinghead Gas X or Dry Gas	Box 1510, Midland, Texas 79701 Address (Give address to which approved copy of this form is to be sent)				
Skelly Oil Company	of Authorized Transporter of Olderinghout on the		Box 1135, Eunice, N. M. 88231			
If well produces oil or liquids,	Unit Sec. Twp. P.ge.	is gas deriverity connected	When 11 6 76			
	0 11 22-S 37-E	Yes	11-6-76 FFFCTIVE IANUARY 31, 1977,			
If this production is commingle V. COMPLETION DATA	d with that from any other lease or pool,	give comminging order number: D	KELLY OIL COMPANY MERGE			
Designate Type of Comp	Oil Well Gas Well	New Well Workover Deepen	NEO'GETTY OIL COMPANY			
	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.			
Date Spudded 9-28-76	11-06-76	7350	7320			
Elevations (DF, RKB, RT, GR, e	tc.j Name of Producing Formation	Top Cil/Gas Pay	Tubing Depth			
3351 GR	Granite Wash	7101	7255 Depth Casing Shoe			
Perforations 7101,04,06,	10,22,28,38,44,48,50,52,55	,58,60,61,65,67,68,71,	7350			
74,76,79,82,84, & 7	TUBING, CASING, AN	D CEMENTING RECORD				
HOLESIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT			
12-1/4"	8-5/8"	1200	700 x (Circ) 3200 x (Circ) 2 Stage			
7-7/8"	4-1/2"	7350	JZ00 X (GIIC) Z Deage			
V. TEST DATA AND REQUES	able for this d	after recovery of total volume of load a lepth or be for full 24 hours) Producing Method (Flow, pump, gas	oil and must be equal to or exceed top allo			
Date First New Oil Run To Tank	Date of Test 11-15-76	Producing Method (Flow, pump, gas Pumping	· · · , · • •			
10-29-76 Length of Test	Tubing Pressure	Casing Pressure	Choke Size			
24	-		2' Tub			
Actual Prod. During Test	Oil-Bbis.	Water-Bbls. 1	Gas-MCF 69.2			
20	20		69.2			
GAS WELL			Gravity of Condensate			
Actual Prod. Test-MCF/D	Length of Test	Bhls. Condensate/MMCF				
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in )	Casing Pressure (Shat-in)	Choke Size			
		OIL CONSER	VATION COMMISSION			
VI. CERTIFICATE OF COMP			10			
I hereby certify that the rules	and regulations of the Oil Conservation	APPROVED	1.4			
I hereby certify that the fulles and regulations of the information given Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		BY Alicy Clifford				
above is true and complete			F. #*			
`			in compliance with RULE 1104.			
	MR 1 Dan 1		tion while for a newly drilled or deepen			
	(Signature)	well, this form must be account tests taken on the well in an				

Authorized Agent

11-18-76

(Title)

(Date)

If this is a request for allowable for a newly diffed of a deviation well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

tests taxen on the well in accordance with RULE 111. All soctions of this form must be filled out completely for allow able 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 Forma C-104 must be filed for each pool in multipl



WELL NAME AND NUMBER S. E. Long #9 1780' FSL & 1980' FEL, Section 11, T-22-S, R-37-E LOCATION (Give Unit, Section, Township and Range) OPERATOR MOBIL OIL CORPORATION DRILLING CONTRACTOR Capitan Drilling Company, Inc.

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:

Degrees @ Depth	Degrees @ Depth	Degrees @ Depth
1/4 @ 311	1 @ 5103	<u></u>
1/2 @ 610	1 @ 5449	
1/4 @ 893	1 1/4 @ 5750	<del>مى بەر بىر بىر بىر بىر بىر بىر بىر بىر بىر بى</del>
3/4 @ 1200	3/4 @ 6012	and the second
1/2 @ 1490	2 1/4 @ 6335	
3/4 @ 1804	<b>2 1/2 @ 6</b> 609	
1 @ 2120	2 1/4 @ 6891	
2 @ <b>2485</b>	2 1/2 @ 7139	
1 @ 2654	2 3/4 @ 7350	
1 @ 2960	and the second se	<u>مىيىتى بى بى</u>
1 1/4 @ 3190		
2 @ 3655		an a
1 1/2 @ 3990	and the second se	
1 1/4 @ 4284	ي <del>الأجرية "مسكر " المركز المركز المركز العربي المركز المركز المركز المركز العربي المركز المركز المركز المركز ا</del>	
1 1/4 @ 4821		
		and the second

	Drilling Con	ntractor Capita	n Drilling (	Joy, Inc.
		By:	nCk	en j.
	before me this 18 de	- / - November	•	Lce President
Subscribed and sworn to be		- day of		mitt
	1	No.	otary Public	c
My Commission Expires:	-1-77	Ector	County	Texas

My Commission Expires:

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