DISTRIBUTION	
SANTA PE	
FILE .	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER DIL	
GAS	L
OPERATOR	
PRORATION OFFICE	
Chargier	

n.

٧.

V1.

SANTA PE					FOR ALLOWABLE				Form C-104 Supersedes Old C-104 and C-116			
PILE .						AND			Eff	octive 1-1-65		
U.S.G.S.				AUTHORIZATIO	ON TO TRA	unsport	OIL AND	NATURAL G	AS			
LAND OFFICE	OIL	$\vdash \vdash$	\dashv									
TRANSPORTER	GAS	┝─┤	\dashv					.				
OPERATOR										_		
PRORATION OFF	ICE											
The Superior	r Oil	Con	npan	У								
	av Pla	17 2	Su	ite 2700, Houst	ron Texa	s 7704	6					
Reason(s) for filing				100 27007 110030	DII, ICAG	170 1	Other (Please	explain)				
New Well				Change in Transport	er el:	_	ĺ					
Recompletion	Y			Oti	Dry Go	=	İ		•			
Change in Ownership	<u></u>			Casinghead Gas] Conder		<u>L</u>					
If change of owners and address of prov			18									
		3	1/1/	86 100.	h . 1	n^{-3}	Wolf		91	Do	1116	
DESCRIPTION O	F WEL	L AN	ID L	EASE Allu	fill including Fi		way	(Ump	Has	1-01	149 Legse No.	
Ochoa Federa	1			1. 1	ignated -		amp C/	State, Federal	or Fee Fe	ederal 1	NM-26079	
Lecetion								 		15 mary 19 mar	<u> </u>	
Unit Letter	G	;	198	80 Feet From The	NLin	e and	1980	Feet From T	he <u>E</u>			
Line of Section	15		Tour	■hip 25S	Range	33E	, NMPN	ւ Մ			County	
Prime of specifical						JJE.	, rest	··	ea		County	
				ER OF OIL AND NA								
Name of Authorized	-	101 191	on [er Condensute	<u></u>	l .		to which approv	• • •	•	DE TERL)	
Koch Oil Co	Transpor	ter of	Casin	ighead Gas 📄 er Dry	Ges 🔽	Box 1	558. Brec (Give address	kenridge.	Texas	Texas 76024		
Transwester	•				· •	i i	•	ton. Texa	•••	•		
If well produces oil				Unit Sec. Twp.	P.ge.		tually connect					
give location of tank					S : 33E	Ye			3-4-	33		
		agl ed	with	that from any other je	ase or pool,	Eive com	ningling orde	r number:			•	
COMPLETION DA		1 .		Ott Mell	Ges Well	New Well	Workover	Deepen	1	Same Resty	Diff. Restv.	
Designate Typ	e of Co	mpie			<u>; X</u>	 		<u> </u>	X	<u>i</u>		
Date Spudded			ľ	Date Compl. Ready to Pr	od.	Total De	-		P.B.T.D.			
N/A Elevations (DF, RKE	RT. GI	R. esc	-	9-17-85 Name of Producing Forms	etion	Top Ou/	16,354 Gas Pay		Tubing Der	754		
GL-3369				Wolfcamp		13-636			13 540 o KR. Depth Costing Shoe			
Perforctions	13,636		604		-		, <u> </u>		Depth Cost	ng Shoe		
	13,036)-T3	,050		ASING, AND	CEUEN	TING BECOM	<u> </u>				
HOLE	SIZE		Т	CASING & TUBIN		CEMEN	DEPTH S		\$	ACKS CEME	NT.	
	<u> </u>		丁									
			\Box	Original casi	ng & lin	er und	isturbed					
						-			ļ			
TEST DATA AND	PEAL	FST	FOI	R ALLOWABLE (T	'est must be a	her receve	~ of total volv	me of load oil o	nd must be s	enel to or ex	cood top allow-	
OIL WELL					blo for this de	pth or be fo	or ful! 24 hours	1)				
Date First New Oil F	tun To T		:	Date of Tees 9-24-85			g Method <i>(Flo</i> u Flowing	u, pump, gas life	, etc.)			
9-17-85 Length of Test				Tubing Pressure		Casing P			Choke Size)		
24 hrs.												
Actual Prod. During Toot			9	Od-Bhie.	Water - Bhia.			Ges - MCF				
						1	 		<u> </u>			
GAS WELL												
Actual Prod. Toot-h	CF/D		ī	Length of Toot		Bbis. Co	ndenesse/AAC	F		Consensate		
1000				24 hrs. Tubing Pressure (Shut-			ressure (Shret	4-3	61 @ (
Teeting Method (pits	x, beca p	w. <i>)</i>	- 1	•	15	250	•	,	•	/64"		
CERTIFICATE O	E CUN	P1.14	ANC	<u>1450 </u>		1		CONSERVA				
obstitionie o				-]]		OCT 23	1985	•	_	
I hereby certify the	t the rul	les a	nd 101	guistions of the Oil C	onservation	APPR	DAED			,	<i></i>	
Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					BY ORIGINAL SIGNED BY JERRY SEXTON							
					DISTRICT I SUPERVISOR							
							be filed in c	ompliance v	with RULE	1194.		
Many Livis					H	48.15.45.5.55	(11	shie for a s	awly drilled	or deevened		
MOBIL PRODUCINOTE A.M., INC.					well, t	his form mus taken en the	t be accompan	ied by a u Jance With	BATE 111"	the designion		
AS AGENT FOR THE SIMERING OH PROMADAN					tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for allow-							
10-4-85					able on now and recompleted wells.							
			(Date			well a	ame or numbe	r, or transport	n, or other	PACE CURUEA	of condition.	

ell name or number, or transporter, or transpo

OCT 10 1985 OFFICE