

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

Form C-104
Revised 10-01-78
Format 08-01-83
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OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

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O. C. D.

REQUEST FOR ALLOWABLE
AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator Artesia, Office
Mobil Producing TX & NM Inc.

Address 9 Greenway Plaza, Suite 2700, Houston, TX 77046

Reason(s) for filing (Check proper box)	Other (Please explain)
<input checked="" type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership	
Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate	

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Government "D"</u>	Well No. <u>14</u>	Pool Name, including Formation <u>Undesignated-Delaware</u>	Kind of Lease <u>State, Federal or Fee Federal</u>	Lease No. <u>NM-17095</u>
Location				
Unit Letter <u>R</u> : <u>2310</u> Feet From The <u>South</u> Line and <u>2170</u> Feet From The <u>East</u> Line of Section <u>1</u> Township <u>21-S</u> Range <u>27-E</u> , NMPM, <u>Eddy</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"/> <u>The Permian Corporation</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 1183, Houston, Texas 77001</u>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Phillips 66 Natural Gas Co.</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 2105 Hobbs, New Mexico 88240</u>
If well produces oil or liquids, give location of tanks.	Unit : <u>NE/NW</u> Sec. : <u>12</u> Twp. : <u>21-S</u> Rge. : <u>27-E</u> Is gas actually connected? <u>yes</u> When <u>10-22-86</u>

Post ID-2
2-6-87
comp + PK

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

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.

[Signature]
(Signature)
Authorized Agent
(Title)
February 2, 1987
(Date)

OIL CONSERVATION DIVISION

FEB 10 1987

APPROVED _____, 19____
BY _____
Original Signed By
Les A. Clements
TITLE Supervisor District II

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 multiply completed wells.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X		X					
Date Spudded 5-8-86	Date Compl. Ready to Prod. 12-18-86	Total Depth 3200				P.B.T.D. 3150			
Elevations (DF, RKB, RT, GR, etc., KB-3201, GR-3188	Name of Producing Formation Delaware	Top Oil/Gas Pay 2779				Tubing Depth 3063			
Perforations 2779-3042						Depth Casing Shoe -			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2	13-3/8	535	400x C. (528 CF)
12-1/4	10-3/4	1460	250x TIW & 200x C.
9-7/8	7-5/8 Liner	1150-2450	350x C. Neat
6-3/4	5-1/2 Liner	2172-3200	125x C. Neat

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)

Date First New Oil Run To Tanks 9-22-86	Date of Test 1-24-87	Producing Method (Flow, pump, gas lift, etc.) 2-1/2"x2"x22' Pump	
Length of Test 24 hours	Tubing Pressure -	Casing Pressure -	Choke Size -
Actual Prod. During Test	Oil - Bbls. 19	Water - Bbls. 382	Gas - MCF 34

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (prior, back pr.)	Tubing Pressure (Start-End)	Casing Pressure (Start-End)	Choke Size