

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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Form C-104  
Revised 10-01-78  
Format 08-01-83  
Page 1

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

**REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS**

**I. Operator**  
Mobil Producing TX & NM Inc.

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

**Reason(s) for filing (Check proper box)**

<input checked="" type="checkbox"/> New Well	<b>Change in Transporter of:</b>	<input type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Recompletion		<input type="checkbox"/> Casinghead Gas	<input type="checkbox"/> Condensate
<input type="checkbox"/> Change in Ownership			

**Other (Please explain)**

If change of ownership give name and address of previous owner \_\_\_\_\_

**II. DESCRIPTION OF WELL AND LEASE**

<b>Lease Name</b> Government "D"	<b>Well No.</b> 12	<b>Pool Name, including Formation</b> Avalon, East - Bone Spring	<b>Kind of Lease</b> State, Federal or Fee Federal	<b>Lease No</b> NM-17095
<b>Location</b>				
Unit Letter <u>Q</u> : <u>1600</u> Feet From The <u>South</u> Line and <u>1040</u> Feet From The <u>East</u>				
Line of Section <u>1</u> Township <u>21S</u> Range <u>27E</u> , NMPM, <u>Eddy</u> County				

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

<b>Name of Authorized Transporter of Oil</b> <input checked="" type="checkbox"/> <b>or Condensate</b> <input type="checkbox"/> The Permian Corporation Permian (Eff. 5/1/86)	<b>Address (Give address to which approved copy of this form is to be sent)</b> Box 1183, Houston, TX 77001
<b>Name of Authorized Transporter of Casinghead Gas</b> <input checked="" type="checkbox"/> <b>or Dry Gas</b> <input type="checkbox"/> Phillips 66 Natural Gas Company	<b>Address (Give address to which approved copy of this form is to be sent)</b> Box 2105, Hobbs, NM 88240
<b>If well produces oil or liquids, give location of tanks.</b> Unit: NE/NW, Sec: 12, Twp: 21, Rge: 27	<b>Is gas actually connected?</b> Yes <b>When</b> 5-16-86

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.

*Nancy Lewis*  
(Signature)

Authorized Agent

5-16-86

(Title)

(Date)

**OIL CONSERVATION DIVISION**

**APPROVED** MAY 27 1986 , 19 \_\_\_\_\_

**BY** \_\_\_\_\_  
Original Signed By  
Les A. Clements

**TITLE** \_\_\_\_\_  
Supervisor District 11

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 deviated 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 multiple completed wells.

**IV. COMPLETION DATA**

<b>Designate Type of Completion - (X)</b>		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res
		X		X					
Date Spudded 4-6-86	Date Compl. Ready to Prod. 5-12-86	Total Depth 5710			P.B.T.D. 5660				
Elevations (DF, RKB, RT, GR, etc.) KB - 3208	Name of Producing Formation Bone Spring	Top Oil/Gas Pay 5594			Tubing Depth 5480				
Perforations 5594-5618							Depth Casing Shoe		

**TUBING, CASING, AND CEMENTING RECORD**

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17½	13-3/8	660	750x
12½	9-5/8	2580	1250x
7-7/8	5½	5710	1350x
	2-7/8	5480	

**V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL** (Test must be after recovery of total volume of load oil and must be equal to or exceed top all cble for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 5-12-86	Date of Test 5-16-86	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hrs	Tubing Pressure 750	Casing Pressure 0	Choke Size 14/64
Actual Prod. During Test	Oil - Bbls. 110	Water - Bbls. 10	Gas - MCF 210

**GAS WELL**

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate 45.2 @ 60
Testing Method (psis, back pr.)	Tubing Pressure (Shut-In)	Casing Pressure (Shut-In)	Choke Size