

DISTRIBUTION	6
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U.S.G.S.	/
LAND OFFICE	/
TRANSPORTER	OIL / GAS /
OPERATOR	/
PRORATION OFFICE	/

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

B.R.

API 30-039-22137

Operator Mobil Producing TX. & N.M. Inc.	
Address 9 Greenway Plaza, Suite 2700, Houston, TX	
Reason(s) for filing (Check proper box)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please explain)	

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Lindrith B Unit	Well No. 1	Pool Name, including Formation Chacon-Dakota Assoc.	Kind of Lease State, Federal or Fee Federal	Lease No. 078914
Location				
Unit Letter D	: 790	Feet From The North	Line and 790	Feet From The West
Line of Section 28	Township 24N	Range 3W	, NMPM, Rio Arriba 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"/>	Address (Give address to which approved copy of this form is to be sent)	
Plateau Inc.	P. O. Box 108, Farmington, N.M. 87401	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
El Paso Natural Gas Co.		
If well produces oil or liquids, give location of tanks.	Unit D	Sec. 28
	Twp. 24N	Rge. 3W
	Is gas actually connected?	When
	NO	

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 <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 11/14/79	Date Compl. Ready to Prod. 2/4/80		Total Depth 7610		P.B.T.D. 7295			
Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation Dakota		Top Oil/Gas Pay 7143		Tubing Depth 7050			
Perforations 7143-7357'					Depth Casing Shoe 7600			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2"	13-3/8"		306'		310x Class A Cmt.			
11"	8-5/8"		3882'		500x 65-35 Lt.Wt.+200xA			
7-7/8"	4-1/2"		7600'		40x 65-35 + 575x B			

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 2/6/80	Date of Test 2/11/80	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24	Tubing Pressure 200	Casing Pressure 4.5	Choke Size 1 1/2"
Actual Prod. During Test 874	Oil-Bbls. 86	Water-Bbls. 12	Gas-Bbls. 102

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	Choke Size
Testing Method (pitot, back pr.)	Tubing 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.

Robbie Jay
(Signature)

Authorized Agent

(Title)

2-13-80

(Date)

OIL CONSERVATION COMMISSION

MAR 25 1980

APPROVED _____, 19

Original Signed by CHARLES GRULSON

TITLE DEPUTY OIL & GAS INSPECTOR, DIST. #3

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

