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Appropriate District Office Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT II P.O. Drawer DD, Astesia, NM 88210 REQUEST FOR ALLOWABLE AND AUTHORIZATION DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410 TO TRANSPORT OIL AND NATURAL GAS Well API No. Operator Mobil Producing TX. & N.M. Inc., Thru its Agent Mobil Expl. & Prod. U.s. Inc. Midland, Texas 79702 P.O. Box 633 Other (Please explain) Reason(s) for Filing (Check proper box) TO CHANGE OIL/CONDENSATE GATHER TO GARY Change in Transporter of:

X Dry Gas New Well WILLIAMS ENERGY EFF. 6-1-90 Oil Recompletion Condensate Casingh Change in Operator If change of operator give name and address of previous operator II. DESCRIPTION OF WELL AND LEASE Lease No. Kind of Lease FED Well No. Pool Name, Including Formation 07891 State, Federal or Fee Lease Name LINDRITH GALLUP-DAKOTA, WEST 2 LINDRITH B UNIT Feet From The South Line and 861 1739 Unit Letter ___ , NMPM, RIO ARRIBA County Range 3-W 24-N 28 Township III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS ss (Give address to which approved copy of this form is to be sent) e of Authorized Transporter of Oil or Condensate GARY-WILLIAMS ENERGY COR REPUBLIC PLAZA,370 17 ST.STE 5300 DENVER CO.80202 Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas EL PASO NATURAL GAS CO or Dry Gas X P.O. BOX 1492, EL PASO, TX 79978 is gas actually connected? When ? Twp. Rge. If well produces oil or liquids, Unit give location of tanks. If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Plug Back | Same Res'v New Well Workover Gas Well Oil Well Designate Type of Completion - (X) PR.T.D. Total Denth Date Compl. Ready to Prod. Date Spudded Top Oil/Gas Pay Tubing Depth Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Depth Casing Shoe Perforations TUBING, CASING AND CEMENTING RECORD SACKS CEMENT DEPTH SET CASING & TUBING SIZE HOLE SIZE . 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.) OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date of Test Date First New Oil Run To Tank Casing Pressure Tubing Pressure Length of Test Water - Bbls. Oil - Bbls. Actual Prod. During Test JUN<u>1 1 1990</u> THE CON. DIGGET OF CONDENSALE **GAS WELL** Rhis Conde Actual Prod. Test - MCF/D Length of Test DIST. 3 Casing Pressure (Shut-in) Tubing Pressure (Shut-in) Testing Method (pilot, back pr.) VI. OPERATOR CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above JUN 1 1 1990 is true and complete to the best of my knowledge and belief. Date Approved Jh Ul By_ SIGNATURE SHIRLEY TOOK SUPERVISOR DISTRICT #3 Title

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

Printed Name

6-8-90

Date

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

Title_

All sections of this form must be filled out for allowable on new and recompleted wells.

(915)688-2585

Telephone No.

- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- to Form C-104 must be filed for each nool in multiply completed wells

