

DISTRIBUTION		
SANTA FE	/	
FILE	/	
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL /	
	GAS /	
OPERATOR		2
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-105
 Effective 1-1-65

B.R.

I. Operator
 Mobil Producing TX. & N.M. Inc.
Address
 Nine Greenway Plaza, Suite 2700, Houston, TX 77046
Reason(s) for filing (Check proper box) Other (Please explain)
 New Well Change in Transporter of:
 Recompletion Oil Dry Gas
 Change in Ownership Casinghead Gas Condensate

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Hughes-Federal Com	Well No. 1	Pool Name, including Formation West Lindrith-Gallup Dak. Oil	Kind of Lease State, Federal or Fee	Lease No. 30-039-22198
Location Unit Letter 0 ; 790 Feet From The South Line and 850 Feet From The West Line of Section 7 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, NM 87401
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Northwest Pipeline Corporation	3539 E. 30th St., Farmington, NM 87401
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	0 7 24N 3W No pending pipeline connector

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

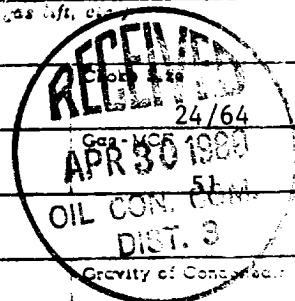
IV. COMPLETION DATA

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"/>	Some Restv. <input type="checkbox"/>	Diff. Restv. <input type="checkbox"/>
Date Spudded 1/30/80	Date Compl. Ready to Prod. 4/8/80	Test Depth 7725	P.S.T.D. 7610					
Elevations (DF, RKE, RT, CR, etc.) 6820 GL	Name of Producing Formation Dakota	Test Oil/Gas Pay 7197	Tubing Depth 7119			Depth Casing Shoe 7725		
Perforations 7197-7415	TUBING, CASING, AND CEMENTATION RECORD							
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SHOCKS CEMENT					
17-1/4"	13-3/8"	312	350x Class B Cmt.					
11"	8-5/8"	3875	550 65-35 POZ +100x B					
7-7/8"	4-1/2"	7725	475x Lt. + 250x B					

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of test 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 4/1/80	Date of Test 4/23/80	Producing Method (Flow, pump, gas lift, etc.) Flowing
Length of Test 24 Hrs.	Tubing Pressure 120	Casing Pressure 0
Actual Prod. During Test 944 bbls.	Oil-Bbls. 85	Water-Bbls. 4



GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
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.

Ronnie Jay
 (Signature)

Authorized Agent

4/24/80

(Date)

OIL CONSERVATION COMMISSION

APPROVED MAY 1 1980

BY Original Signed by FRANK T. CHAVEZ

TITLE SUPERVISOR DISTRICT # 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 completed wells.

