

DISTRIBUTION			
SANTA FE			
FILE			
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-111
Effective 1-1-65

BK.
30-039-22278

I. Operator
Mobil Producing TX. & N.M. Inc.
Address
9 Greenway Plaza, Suite 2700, Houston, Texas 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

Lessee Name Lindrith B Unit	Well No. 3	Pool Name, including Formation Chacon-Dakota Associated	Kind of Lease State, Federal or Fee Federal	Lease No. 078913
Location Unit Letter M : 790 Feet From The South Line and 1065 Feet From The West Line of Section 21 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"/> Plateau Inc.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 108, Farmington, NM 87401			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1492, El Paso, TX 79978			
If well produces oil or liquids, give location of tanks.	Unit M	Sec. 21	Twp. 24N	Pgs. 3W
Is gas actually connected? When Temporary connection				

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'tv. <input type="checkbox"/>	Diff. Res'tv. <input type="checkbox"/>
Date Spudded 3-20-80	Date Compl. Ready to Prod. 5-14-80		Total Depth 7600		P.S.T.D. 7545			
Elevations (DF, RKE, RT, CR, etc.) 6927 GR	Name of Producing Formation Dakota		Top Oil/Gas Pay 7181		Tubing Depth 7202			
Perforations 7181-7397 (Dakota)					Depth Casing Shoe 6392			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2	313		13-3/8		350x Class B Neat			
11	3905		8-5/8		475 Lt+200 x B Neat			
7-7/8	6392		4-1/2		500 Lt+250 x B Neat			

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 allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 5-10-80	Date of Test 5-15-80	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 Hrs.	Tubing Pressure 190	Casing Pressure 520	Choke Size 34/64"
Actual Prod. During Test 839 Bbls	Oil - Bbls. 230	Water - Bbls. 14	Gas - MCF 270

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Flowing Pressure (Shut-in)

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)

May 21, 1980

(Date)

OIL CONSERVATION COMMISSION

APPROVED JUN 4 1980, 19

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