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

DISTRICT II P.O. Drawer DD, Artesia, NM \$8210

## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM \$7410 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator							Well A	IPI No.			
Mobil Producing TX. & N.M. I	nc., Thr	u its Ag	ent l	Mobil Expl	& Prod.	U.s. Inc.					
ddress 2.0. Box 633 Midland, To	exas 79	9702					<del></del>		.,		
eason(s) for Filing (Check proper box)	Other (Please explain) TO CHANGE OIL/CONDENSATE GATHER TO GARY										
lew Well		Change in		_		) Change o Illiams en			ER 10 G	IAR I	
ecompletios	Oil	_	Dry (	_	**	ILLIMMS EN	ENGI EII	. 0-1-30			
hange in Operator	Casinghea	d Gas	Cond	ensule							
change of operator give name d address of previous operator						<del></del>					
. DESCRIPTION OF WELL	AND LE			<del> </del>			V:-4	of Lease FED	1 t.	ase No.	
ease Name		Well No.		Name, Includi				State, Federal or Fee 07891			
LINDRITH B UNIT		3	LIN	DRITH GAL	LUP-DAKU	IA, WEST			1		
Unit Letter M	:79	0	_ Feet	From The S	outh u	and 1065	Fe	set From The	Nest_	Line	
Section 21 Township	24-N		Rang	e 3-W	, N	MPM, RIO A	RRIBA			County	
II. DESIGNATION OF TRAN	SPORTE	R OF O	IL A	ND NATU	RAL GAS	<del>- , - , - ,</del>	***		- is to be so		
lame of Authorized Transporter of Oil	X	or Conde	Danie		Address (Give address to which approved copy of this form is to be sent) REPUBLIC PLAZA, 370 17 ST. STE 5300 DENVER CO.80202						
GARY-WILLIAMS ENERGY COR					L						
Name of Authorized Transporter of Casing EL PASO NATURAL GAS C	<u>co</u>				P.O. BOX	1492, EL	PASO,TX				
if well produces oil or liquids, ive location of tanks.	Unit	Sec. 	Twp								
this production is commingled with that V. COMPLETION DATA	from any ot	her lease or	pool,	give comming	ing order num	ber:					
Designate Type of Completion	- (X)	Oil Wel	1	Gas Well	New Well	Workover	Deepen	Plug Back  Se	ame Res'v	Diff Res'v	
Date Spudded	Date Com	pi. Ready t	o Prod		Total Depth			P.B.T.D.			
levations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
erforations					<u> </u>			Depth Casing	Shoe		
	,	TUBING	, CAS	SING AND	CEMENTI	NG RECOR	D				
HOLE SIZE	CA	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT		
								<del></del>			
			•					<del> </del>			
			<b></b> .		<u> </u>						
. TEST DATA AND REQUES	ST FOR	ALLOW	ABL	E			anable for th	ie denth or he for	full 24 ho	urs.)	
OIL WELL (Test must be after t	·		e of loc	ad oil and mus	Producine M	lethod (Flow, p	umo, gas lift.	etc.)	<u> </u>		
Date First New Oil Run To Tank	Date of To	e <b>s</b>			, rocaseing in	io i	- +, 6 , ,	•			
A ATIO	Tubing Pr				Casing Press	pre 7° J.	1 14 E	Doke Size			
eagth of Test	I ubing Fi	ressure				自命主	5 6 E				
Actual Prod. During Test	Oil - Bbls.				Water - Boli			ON-MCF			
COURT FOR DWING 1000	Oil - Bois	•				JUN1 I	<u> 19<b>90</b> </u>				
GAS WELL					<u></u>	402.4	i. DIV	• Gravity of Co	ndenesta		
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condeniate/Mivier DIST, 3			GIAVILY OF CO	u salt	,	
Tubing Pressure (Shut-					Casino Pres	pure (Shut-in)		Choke Size	-		
Testing Method (pilot, back pr.)	I more to	icemic (20	ua-1116)								
VI. OPERATOR CERTIFIC	ATE O	F COM	PLL	ANCE			VICED!	ATION E	HAICH	∩N	
I hereby certify that the rules and regu						OIL COI	NOEUN	AHONL	יוסועונ	JIN	
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					Date Approved			JUN 1 1 1990			
QLI. May	-					• •		(بر_	$\rightarrow$	/	
Signature SHIRLEY TODD					By_		·	PERVISOR	DISTE	ICT 42	
Printed Name 6-8-90		(915)6	Tid -886	-	Title	·			אופוע		
Date		· · · · · · · · · · · · · · · · · · ·	elephor								
Date			<b>F</b>		11						

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

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- A) Senarate Form C-104 must be filed for each nool in multiply completed wells