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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

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 <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"/>

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Jillson Federal	Well No. 4	Pool Name, Including Formation West Lindrith Gallup-Dakota	Kind of Lease State, Federal or Fee	Lease No. 080472
Location				
Unit Letter E	1845	Feet From The North	Line and 790	Feet From The West
Line of Section 8	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)					
The Permian Corporation	P. O. Box 3119, Midland, Texas 79701					
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 Nat. Gas C.	P.O. Box 1492, El Paso, Tx 79978					
If well produces oil or liquids, give location of tanks.	Unit E	Sec. 8	Twp. 24n	Rge. 3W	Is gas actually connected? Permanent	When

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	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 5-10-80	Date Compl. Ready to Prod. 6-24-80	Total Depth 7775	P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.) 6901.5 GR	Name of Producing Formation Dakota	Top Oil/Gas Pay 7330	Tubing Depth 7490					
Perforations	Depth Casing Shoe 7773							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
17"	13-3/8"	300	300x Class B Neat					
11"	8-5/8"	3900	55x Lt + 100x B Neat					
7-7/8"	4-1/2"	7773	25x Lt + 250x B Neat					

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of test oil gas must be shut-in or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 6-16-80	Date of Test 7-9-80	Producing Method (Flow, pump, gas lift, etc.) Pump	1981
Length of Test 24 Hours	Tubing Pressure -	Casing Pressure -	
Actual Prod. During Test 576 Bbls.	Oil-Bbls. 35 Bbls.	Water-Bbls. 2	
		Gas-MCF 30	

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, 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.

K. D. Jones
(Signature)
Production Supervisor
(Title)
1/16/81
(Date)

OIL CONSERVATION COMMISSION
JAN 16 1981
APPROVED _____, 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

