40. 0> COPIES REC		
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

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

	LAND OFFICE AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			ias 2 K		
	TRANSPORTER OIL GAS			121,		
	OPERATOR PROPATION OFFICE					
I.	Operator					
	Mobil Producing TX. & N.M. Inc. Address					
	9 Greenway Plaza, Suite Reason(s) for filing (Check proper box)	2700, Houston, Texas 7	Other (Please explain)			
	New Well Recompletion	Change in Transporter of: Oil Dry Go				
	Change in Ownership	Casinghead Gas Conder				
	If change of ownership give name and address of previous owner					
11.	DESCRIPTION OF WELL AND	LEASE Well No.; Pool Name, Including F	ormation Kind of Lease			
	Lindrith B Unit	5 Chacon Dakota		or Fee Federal 078913		
	Unit Letter E : 1921 Feet From The North Line and 861 Feet From The West					
	Line of Section 21 Township 24N Range 3W , NMPM, Rio Arriba County					
111.	III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS					
	Plateau, Inc.					
	Name of Authorized Transporter of Cas El Paso Natural Gas Co.	inghead Gas 🛣 or Dry Gas 🗔	P. O. Box 1492, El Paso			
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. E 21 24N 3W	Is gas actually connected? Whe	<u> </u>		
IV	If this production is commingled with that from any other lease or pool, give commingling order number: V. COMPLETION DATA					
•••	Designate Type of Completio		New Weil Workover Deepen	Plug Back Same Resty. Diff. Resty.		
	Date Spudded 6-13-80	Date Compi. Ready to Prod. 8-25-80	Total Depth 7500	7498		
	Elevations (DF, RKB, RT, GR, etc., 7105 GR	Name of Producing Formation Dakota	Top 0:1/Gas Pay 7290	Tubing Depth 7398		
	Perforations 7290-7498	Dakota	7290	Depth Casing Shoe		
	The state of the s		CEMENTING RECORD			
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT 375x Class B Neat		
	11	8-5/8	3900	450x Lt + 100B Neat		
	7-7/8	5-1/2	7500	450x Lt + 250x B + 650 50/50 POZ		
V. 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)						
	Date First New Cil Run To Tanks Date of Test		Producing Method (Flow, pump, gas lift, etc.)			
	9-4-80 9-3-80 Length of Test Tubing Pressure		Casing Pressure	Chok• Si		
	Actual Prod. During Test	175	550	38/64 Gge MCF		
	1563	215	15	SE ₂₂₇ 5 1930)		
	GAS WELL			DIST. 3		
	Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate		
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
VI.	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. JAN KREUZ (Signature) Authorized Agent (Title) September 3, 1980 (Date)		OIL CONSERVATION COMMISSION APPROVED SEP 12 1980			
			SUPERVISOR DISTRICT #	BY Original Signed by FRANK T. CHAVEZ		
			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 filled for each pool in multiply			