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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PERCATION 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
Effective 1-1-65

I. OPERATOR
Mobil Producing TX. & N.M. Inc.
Address
Nine Greenway Plaza, Suite 2700, Houston, Texas
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain)
To change Pool name.
As per N.M.O.C.D. order R-7495.
If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name
Lindrith B Unit
Well No. Pool Name, including Formation
5 Lindrith Gallup-Dakota, West
Kind of Lease
State, Federal or Fee Federal
Lease No.
078913
Location
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

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐
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 ☒ or Dry Gas ☐
El Paso Natural Gas Co.
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 Sec. Twp. Rge.
Is gas actually connected? When

IV. COMPLETION DATA
If this production is commingled with that from any other lease or pool, give commingling order number:

Designate Type of Completion - (X) Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v. Diff. Res'v.
Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D.
Elevations (DF, RKB, RT, CR, etc.) Name of Producing Formation Top Oil/Gas Pay Tubing Depth
Perforations Depth Casing Shoe
TUBING, CASING, AND CEMENTING RECORD
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT

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 Date of Test Producing Method (Flow, pump, gas lift, etc.)
Length of Test Tubing Pressure Casing Pressure Choke Size
Actual Prod. During Test Oil-Bbls. Water-Bbls. Gas-MCF

GAS WELL

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

Paula A. Collins
(Signature)

Authorized Agent
(Title)

6-7-84
(Date)

OIL CONSERVATION COMMISSION

APPROVED JUN 14 1984 19

BY Frank J. Lavey

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 multiple.