

NO. OF COPIES RECEIVED		
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-110  
Effective 1-1-65

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: Commingle Casinghead gas  
Recompletion ☐ Oil ☐ Dry Gas ☐ production with the casinghead gas pro-  
Change in Ownership ☐ Casinghead Gas ☒ Condensate ☐ duction from the Lindrith "B" Unit #6&9

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Lindrith "B" Unit	Well No. 8	Pool Name, Including Formation Chacon-Dakota Associated	Kind of Lease State, Federal or Fee Federal	Lease No. 078914
Location Unit Letter M 940 Feet From The South Line and 825 Feet From The West Line of Section 27 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, N.M. 87401	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> Mobil Producing TX & N.M. Inc.	Address (Give address to which approved copy of this form is to be sent) 9 Greenway Plaza, Suite 2700 Houston, TX 77046	
If well produces oil or liquids, give location of tanks.	Unit M	Sec. 27
	Twp. 24N	Rge. 3W
	Is gas actually connected? Yes	
	When 11-26-80	

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'tv.	Diff. Res'tv.
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
Actual Prod. During Test	Oil-Bble.	Water-Bble.

GAS WELL

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

John K. Krey  
Authorized Agent

November 26, 1980

(Signature)

(Title)

(Date)

OIL CONSERVATION COMMISSION

APPROVED

DEC 3 1980

BY Original Signed by FRANK T. CHAVEZ

TITLE SUPERVISOR DISTRICT 4

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

