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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

2.16

I. Operator
Mobil Producing TX. & N.M. Inc.

Address
Nine Greenway Plaza, Suite 2700, Houston, Texas 77046

Reason(s) for filing (Check proper box) Other (Please explain)

New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Lindrith B Unit	Well No. 12	Pool Name, including Formation Chacon-Dakota Assoc.	Kind of Lease State, Federal or Fee Federal	Lease No. 078913
Location Unit Letter M ; 811 Feet From The South Line and 964 Feet From The West Line of Section 22 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) 4775 Indian School Rd NE, Albuquerque, NM 81110				
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas	Address (Give address to which approved copy of this form is to be sent) Box 1492, El Paso, TX 79978				
If well produces oil or liquids, give location of tanks.	Unit M	Sec. 22	Twp. 24N	Rge. 3W	Is gas actually connected? No

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 <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 1-16-81	Date Compl. Ready to Prod. 3-12-81		Total Depth 7700		P.B.T.D. 7657			
Elevations (DF, RKB, RT, GR, etc.) 7092 GR	Name of Producing Formation Dakota		Top Oil/Gas Pay 7318		Tubing Depth 7444			
Perforations 7430-7546, 7318-7380					Depth Casing Shoe 7700			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2	13-3/8		307		300x B			
11	8-5/8		3900		550x Lt + 200x B			
7-7/8	4-1/2		7700		1) 350x 2) 350x			
4-1/2	2-3/8		7444		SN @ 7406			

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of load oil and must be held for 24 hours or be for full 24 hours)

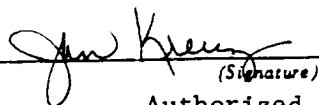
Date First New Oil Run To Tanks 3-12-81	Date of Test 3-26-81	Producing Method (Flow, pump, gas lift, etc.) Pumping 2 x 1 1/2	
Length of Test 24 Hours	Tubing Pressure	Casing Pressure 150	Choke Size 3/8"
Actual Prod. During Test 972	Oil-Bbls. 50	Water-Bbls. 25	Gas-MCF 5169

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.



Authorized Agent

(Title)

3-26-81

(Date)

OIL CONSERVATION COMMISSION

APPROVED APR 1 1981, 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