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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

B.K.

Operator Mobil Producing TX & NM Inc.	
Address Nine Greenway Plaza, Suite 2700 Houston, Texas 77046	
Reason(s) for filing (Check proper box)	
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"/>
Other (Please explain)	

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name LINDRITH B UNIT	Well No. 13	Pool Name, Including Formation CHACON-DAKOTA ASSOCIATED	Kind of Lease State, Federal or Fee FEDERAL	Lease No. 078914
Location				
Unit Letter E : 1840 Feet From The NORTH Line and 855 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 type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
PLATEAU, INC.	4755 Indian School Rd., Albuquerque, NM 87110	
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 Natural Gas Company	P. O. Box 1492, El Paso, Texas 79978	
If well produces oil or liquids, give location of tanks.	Unit E	Sec. 27
	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 3/1/81	Date Compl. Ready to Prod. 4/13/81		Total Depth 7650		P.B.T.D. 7589			
Elevations (DF, RKB, RT, GR, etc.) 7083 GR	Name of Producing Formation DAKOTA		Top Oil/Gas Pay 7258		Tubing Depth 7354			
Perforations 7258-7334		7372-7492		Depth Casing Shoe 7650				
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2	13 3/8		300		300 x B			
11	8 5/8		3900		900 x B			
7 7/8	4 1/2		7650		1) 500 x B 2) 600 x B			

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 4/22/81	Date of Test 4/22/81	Producing Method (Flow, pump, gas lift, etc.) FLOWING	
Length of Test 24	Tubing Pressure 500	Casing Pressure 800	Choke Size 17/64
Actual Prod. During Test 135	Oil-Bbls. 135	Water-Bbls. 40	Gas-MCF 400

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	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.

OIL CONSERVATION COMMISSION  
APPROVED MAY 4 1981  
BY [Signature] RICK T. CHAVEZ  
TITLE SUPERVISOR DISTRICT

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

[Signature] R. L. Hagan  
(Signature)  
Authorized Agent  
(Title)  
4/23/81  
(Date)

