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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

BK.

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

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

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)

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Lindrith B Unit	Well No. 14	Pool Name, including Formation Chacon-Dakota Associated	Kind of Lease State, Federal or Fee Federal	Lease No. 078915
Location Unit Letter E ; 1810 Feet From The North Line and 1084 Feet From The West Line of Section 16 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 87110					
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, Texas 79978					
If well produces oil or liquids, give location of tanks.	Unit E	Sec. 16	Twp. 24N	Rge. 3W	Is gas actually connected? No	When

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	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Restv.	Diff. Restv.
Date Spudded 2-5-81	Date Compl. Ready to Prod. 4-6-81		Total Depth 7740		P.B.T.D. 7600			
Elevations (DF, RKB, RT, GR, etc.) 6950 GR	Name of Producing Formation Dakota		Top Oil/Gas Pay 7329		Tubing Depth SN @ 7393			
Perforations Dakota 7329-98, 7446-7554					Depth Casing Shoe 7740			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2	13-3/8		300		300x B			
11	8-5/8		3900		725x			
7-7/8	4-1/2		7740		750x			
4-1/2	2-3/8		SN @ 7393					

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 4-6-81	Date of Test 4-12-81	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 Hours	Tubing Pressure 720	Casing Pressure 1490	Choke Size 18/64
Actual Prod. During Test 1265	Oil-Bbls. 353	Water-Bbls. 7	Gas-MCF 322

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.

R. L. Hager  
(Signature)

Authorized Agent

(Title)  
4-10-81

(Date)

OIL CONSERVATION COMMISSION

APPROVED APR 11 1981  
BY Original Signed by FRANK E. HAVESZ  
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

