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TRANSPORTER	OIL		
	GAS		
OPERATOR			
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**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  
Effective 1-1-85

**I. OPERATOR**  
 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.: 14      Pool Name, including Formation: Lindrith Gallup-Dakota, West      Kind of Lease: Federal      Lease No.: 078913  
 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  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.      Pgs.      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, GR, 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 (puot, 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.  
 Paula A. Collins (Signature)  
 Authorized Agent (Title)  
 6-7-84 (Date)

**OIL CONSERVATION COMMISSION**  
 APPROVED JUN 14 1984, 19\_\_\_\_  
 BY [Signature]  
 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

