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Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator MOBIL PRODUCING TX & N.M. INC.		Well API No. 30-039-25105	
Address % MOBIL EXPLORATION & PRODUCING U.S. INC.		P.O. BOX 633, MIDLAND, TX 79702	
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 Operator	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/> Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator			

II. DESCRIPTION OF WELL AND LEASE

Lease Name LINDRITH	Well No. 8-79	Pool Name, Including Formation W. LINDRITH GALLUP/DAKOTA	Kind of Lease State <u>Federal</u> or Fee	Lease No. SF-078908
Location Unit Letter <u>B</u> : <u>1120</u> Feet From The <u>N</u> Line and <u>1850</u> Feet From The <u>E</u> Line Section <u>7</u> Township <u>24N</u> Range <u>2W</u> , <u>NMPM</u> RIO ARRIBA				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>					Address (Give address to which approved copy of this form is to be sent)	
GARY WILLIAMS ENERGY CORPORATION					REP. PL 370, 17th ST., STE 5300, DENVER, CO	
Name of Authorized Transporter of Casinghead Gas <input checked="" 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 CO					P.O. BOX 1492, EL PASO, TX 79978	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When ? WILL HAVE CONNECTED
					no	WITHIN 30 DAYS

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'v	Diff Res'v
		X		X					
Date Spudded 10-11-91	Date Compl. Ready to Prod. 11-5-91		Total Depth 7922				P.B.T.D. 7873		
Elevations (DF, RKB, RT, GR, etc.) GL-7142'; KB-7155	Name of Producing Formation DAKOTA		Top Oil/Gas Pay 7767				Tubing Depth 7820		
Perforations 7767 - 7798							Depth Casing Shoe 7922		
TUBING, CASING AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		
17 1/2		13 3/8		475			550x CL 'G'		
8 3/4		5 1/2		7922			2750x CL 'B' 100x		
							CL 'B' NEAT		
		2 7/8		7820					

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 null and void)

Date First New Oil Run To Tank 11-7-91	Date of Test 11-8-91	Producing Method (Flow, pump, gas lift, etc.) PUMP 2 1/2 x 2 x 30	
Length of Test 24	Tubing Pressure 120	Casing Pressure	Choke Size NOV 8 1991
Actual Prod. During Test 272	Oil - Bbls. 272	Water - Bbls. 109	Gas- MCF 196 OIL CON. D

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (prior, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Shirley Dodd

Signature SHIRLEY TODD ENV. & REG. TECH
Printed Name 11/7/91 Title
Date (915) 688-2585
Telephone No. _____

OIL CONSERVATION DIVISION

NOV 08 1991

Date Approved

Bv

SUPERVISOR DISTRICT #3

Title

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.