DISTRICT J P.O. Box 1980, Hobbe, NM 88240

OIL CONSERVATION DIVISION

See Instructions
at Bottom of Page

DISTRICT II P.O. Drowe DD, Arenia, NM 88210 P.O. Box 2088 Santa Fe, New Mexico 87504-2088

DISTRICT III
1000 Rio Brizzo R4., Azzec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator			"10!	0	27412711	1101016		ell API No.			
Mobil Producing TX. & N.M.	inc., Th	ru its Ag	ent l	Mobil Exp	d. & Prod	. U.s. Inc.					
Address										·····	
P.O. Box 633 Midland,	Texas 7	9702									
Resson(s) for Filing (Check proper box)	Other (Please explain) TO CHANGE OIL/CONDENSATE GATHER TO GARY										
New Well	Δ.,							DENSATE GA	ATHER TO	GARY	
Recompletion	Oil Caninghe	_	Conde		•	VILLIAMS E	NEMGT (OPH. EFFE	311VE 6-1-	-90	
change of operator give same	Campie	a cut	Conde								
ed address of previous operator											
L DESCRIPTION OF WELL	AND LE	ASE									
Janes Name	Well No. Pool Name, lacked			ing Formation			Kind of Lease No.				
Thomas	l Basin D			akota			State, Federal or Fee				
ocetice			1	·	anu ua -						
Unit LetterL	_ : 1	770	Foot F	rom The	SLi	e and93	0	Feet From The	W	Line	
20				-							
Section 30 Townshi	p 29N		Range	llw	N	MPM, S	<u>an Ju</u>	an		County	
I DECICNATION OF TRAN	CDADTE	D OF O		T	DAT G10						
I. DESIGNATION OF TRAN	SPURIE	or Conden			KAL GAS	w add-aa ta w	List same		<u> </u>	-41	
Gary-Williams Energy Cor.					Address (Give address to which approved copy of this form is to be sent) Rep.Pl., 370 17St.Ste.5300, Den.Co.8020						
ame of Authorized Transporter of Casin	gy LOI thead Gas		or Dry	Gas X	Address (Gi	ve address to wi	L/St.	ed copy of this f	l.Den.C	<u>0.80202</u>	
l Paso Natural Ga	s Co.		J. 2.,	ريق				Paso, I			
well produces oil or liquids,	Unit	Sec.	Twp.	Rge.	is gas actual	y connected?		-	exas /	9978	
re location of tanks.	II.	_30_	29N				i_				
his production is commingled with that	from any oth	er lease or p	ool, giv	re comming	ing order aum	ber:					
. COMPLETION DATA		·			·	<u></u>					
Designate Type of Completion	- <i>(</i> X)	Oil Well	10	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Ne Spudded	<u> </u>	i. Ready to			Total Depth	<u> </u>	I		l	<u> </u>	
) Call	a. Acady w	,,,,,					P.B.T.D.			
evations (DF, RKB, RT, GR, etc.)	oducing For	mation		Top Oil/Gas Pay			Tubing Depth				
						•		ruoing Lep	rooms reper		
riorations						Depth Casing					
	T	UBING, (CASI	NG AND	CEMENTI	NG RECOR	D				
HOLE SIZE	CASIN			IZE	DEPTH SET				SACKS CEMENT		
											
					L 						
TEST DATA AND REQUES	T FOR A	LLOWA	BI.E		_ 					ــــــــــــــــــــــــــــــــــــــ	
LWELL (Test must be after re				il and must	be equal to or	exceed top allo	wable for u	his depth or be f	or full 24 hours	e.i	
te First New Oil Run To Tank	Date of Test					thod (Flow, pu			. , ,	" ———	
								CFI	VFIR	`	
igth of Test	Tubing Pressure				Casing Pressure			Choke Size			
							<u>EU</u>		10		
ual Prod. During Test	Oil - Bbls.				Water - Bbis.		J	ANT MICH 3	90		
							ببحب	-			
AS WELL							ي الإجهام	JUN,	DIV	•	
tual Prod. Test - MCF/D	Length of To	est			Bbls. Conden	me/MMCF		ભાગા નવ	ondensate		
ing Method (pitot, back pr.)	Tubing Pres	aure (Shut-i	a)		Casing Pressu	ne (Shut-ia)		Choke Size			
OPERATOR CERTIFICA				CE	ے ا	NI CON	CEDV	ATION F		M	
hereby certify that the rules and regulations of the Oil Conservation					OIL CONSERVATION DIVISION						
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					JUN 1 1 1990						
V / /					Date Approved						
They lear Godd				i	<u> </u>		7.	13 di			
					By						
SHIRLEY TOOD AN AGENT FOR MONTH FARMS THE EAST OF THE SAME OF THE					SUPERVISOR DISTRICT #3						
Printed Name Title 5-8-90 (915)688~2585					Title.						
Date	<u>'</u>		one No								
					L						

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) Senarate Form C-104 must be filed for each nool in multiply completed wells.