

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

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SANTA FE	
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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
FORMATION OFFICE	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Lobo Production

Address PO Box 2364 Farmington, New Mexico 87499

Reason(s) for filing (Check proper box)	Other (Please explain)
<input checked="" type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership	Gas Line hook up
Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Ceilinghead Gas <input type="checkbox"/> Condensate	

change of ownership give name and address of previous owner _____

DESCRIPTION OF WELL AND LEASE

Well Name <u>MESA Twin Mounds 31</u>	Well No. <u>1</u>	Pool Name, including Formation <u>/Basin Dakota</u>	Kind of Lease <u>State, Federal or Fee Federal</u>	Lease No. <u>NM27024</u>
Location Unit Letter <u>D</u> ; <u>990</u> Feet From The <u>FNL</u> Line and <u>940'</u> Feet From The <u>FWL</u> Line of Section <u>31</u> Township <u>30N</u> Range <u>14W</u> , NMPM, San Juan County County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

one of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) <u>Farmington 91111</u>
one of Authorized Transporter of Ceilinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) <u>Petroleum Club Plaza, Farmington, NM 87401</u>
well produces oil or liquids, or location of tanks. Unit <u>D</u> Sec. <u>31</u> Twp. <u>30N</u> Rge. <u>14W</u>	is gas actually connected? <u>no</u> When <u>8-21-84</u>

his production is commingled with that from any other lease or pool, give commingling order number: DHC 482

NOTE: Complete Parts IV and V on reverse side if necessary.

CERTIFICATE OF COMPLIANCE

operator hereby certifies that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of his knowledge and belief.

R. E. Saubert
(Signature)
Operator
8-10-84
(Date)

OIL CONSERVATION DIVISION
9-10-84
APPROVED SEP 10 1984, 19____
BY Original Signed by FRANK T. CHAVEZ
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 completed wells.

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OIL CON. DIV.
SANTA FE

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well X	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 413-84	Date Compl. Ready to Prod. 5-10-84	Total Depth 5618		P.B.T.D. 5536					
Elevations (DF, RKB, RT, GR, etc.) 5344 GR	Name of Producing Formation BAsin Bakota	Top Oil/Gas Pay 5402		Tubing Depth 5246'					
Perforations 5402' 5496'		Depth Casing Shoe							

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/2	8 5/8"	214'	140 sks C.L.B 165.2 Cuft.
7 7/8	5 1/2"	5611"	400 sks C.L.B 544.0 Cuft
			200 sks C.L.B 320.0 Cft
			100 sks C.L.B 118.0 Cuft

V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of lead 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

AS WELL

Actual Prod. Test - MCF/D \$) 40 MCFPD	Length of Test 12 hrs.	Bbls. Condensate/MCF 202/ 40 mcf	Gravity of Condensate 43
Testing Method (pilot, back pr.) Back Pr.	Tubing Pressure (Shut-In) 0	Casing Pressure (Shut-In) 650	Choke Size 2" tubing