

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

Form C-104
Revised 10-01-78
Format 08-01-83
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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PERMITS OFFICE	

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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator Mobil Producing TX & NM Inc.
Address 9 Greenway Plaza, Suite 2700, Houston, TX 77046

Reason(s) for filing (Check proper box) Change in Transporter of: Other (Please explain)

<input checked="" type="checkbox"/> New Well	<input type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Recompletion	<input type="checkbox"/> casinghead Gas	<input type="checkbox"/> Condensate
<input type="checkbox"/> Change in Ownership		

If change of ownership give name and address of previous owner _____ THIS WELL HAS BEEN PLACED IN THE POOL DESIGNATED BELOW. IF YOU DO NOT CONCUR NOTIFY THIS OFFICE.

II. DESCRIPTION OF WELL AND LEASE

Lessee Name <u>Lovington Deep State</u>	Well No. <u>2</u>	Pool Name, including Formation <u>Undesignated-Upper Penn</u>	Kind of Lease <u>State, Federal or Fee</u>	Lease No.
Location Unit Letter <u>I</u> : <u>660</u> Feet From The <u>East</u> Line and <u>1830</u> Feet From The <u>South</u>				
Line of Section <u>1</u> Township <u>17-S</u> Range <u>35-E</u> , NMPM, <u>Lea</u> 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"/> <u>Texas-New Mexico Pipeline Co.</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 2528, Hobbs, NM 88240</u>					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Warren Petroleum</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 1150, Midland, TX 79701</u>					
If well produces oil or liquids, give location of tanks.	Unit <u>1</u>	Sec. <u>17</u>	Trp. <u>35</u>	Res. <u>35</u>	Is gas actually connected? <u>Yes</u>	When <u>11-27-87</u>

If this production is commingled with that from any other lease or pool, give commingling order number: _____

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

VI. 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 is true and complete to the best of my knowledge and belief.

Nancy Lewis
(Signature)
Mobil Exploration & Producing U.S. Inc.
as Agent for Mobil Producing TX & NM Inc.
12-7-87
(Date)

OIL CONSERVATION DIVISION

APPROVED DEC 10 1987, 19____
BY Eddie W. Seay
TITLE Oil & Gas Inspector

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.

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 10-5-87	Date Compl. Ready to Prod. 11-25-87	Total Depth 10957			P.B.T.D. 10930				
Elevations (DF, RKB, RT, CR, etc.) KB - 3945	Name of Producing Formation Penn	Top Oil/Gas Pay 10814			Tubing Depth 10696				
Perforations 10814-10874						Depth Casing Shoe			

TUBING, CASING, AND CEMENTING RECORD

MOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2	13 3/8	466	500 SX
12 1/4	8 5/8	5200	3290 SX
7 7/8	5 1/2	10957	1475 SX

V. TEST DATA AND REQUEST FOR ALLOWABLE (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 11-25-87	Date of Test 11-27-87	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hrs.	Tubing Pressure 380	Casing Pressure 0	Choke Size 20/64"
Actual Prod. During Test	Oil - Bbls. 385	Water - Bbls. 0	Gas - MCF 469

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate 44.5 @ 60°
Testing Method (prot. back pr.)	Tubing Pressure (Start-End)	Casing Pressure (Start-End)	Choke Size

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