DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.		i	
LAND OFFICE			
TRANSPORTER	OIL		
	GAS	l	
OPERATOR			
PRORATION OFFICE			

SANTA FE	1	REQUEST FOR ALLOWABLE Supersedes Old C		
FILE U.S.G.S.	AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			
LAND OFFICE	AUTHORIZATION TO TRAN	ASPORT OIL AND HATURAL GA	w	
TRANSPORTER OIL	1	•		
GAS	-			
PRORATION OFFICE	1		•	
Operator	M Inc			
Mobil Producing TX. & N				
Nine Greenway Plaza, St Reason(s) for filing (Check proper box	uite 2700, Houston, Texas	Other (Please explain)		
New Well	Change in Transporter of:		densate gatherer to	
Recompletion Change in Ownership	Oil X Dry Gas Casinghead Gas Condens	- 1004		
If change of ownership give name and address of previous owner				
DESCRIPTION OF WELL AND	LEASE			
Lease Name Lindrith B Unit	Well No. Pool Name, Including For 24 Lindrith Gallup		or Fee Fee 07891	
Location				
Unit Letter N : 78	39 Feet From The South Line	and 1395 Feet From T	he West	
Line of Section 9 To	wnship 24-N Range	3-W , NMPM,	Rio Arriba County	
DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GAS	3		
Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which approv 	_	
The Permian Corporation Name of Authorized Transporter of Ca		P. O. Box 1183, Houston Address (Give address to which approv		
El Paso Natural Gas Co	Unit Sec. Twp. P.ge.	P. O. Box 1492, El Paso		
If well produces oil or liquids, give location of tanks.	Unit Sec. Lep. Age.			
If this production is commingled win COMPLETION DATA	ith that from any other lease or pool, g	give commingling order number: New Well Workover Deepen	Plug Back Same Resty. Diff. Resty.	
Designate Type of Completi		No. 100 Popul		
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	
	THRING CASING AND	CEMENTING RECORD		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET SACKS CEMENT		
TEST DATA AND REQUEST I	FOR ALLOWABLE (Test must be a)	feer recovery of total volume of load oil	and must be equal to or exceed top allow	
OIL WELL Date First New Oil Run To Tanks	able for this de	pth or be for full 24 hours) Producing Method (Flow, pump, gas li		
Date Lites New Off May 10 1007				
Length of Test	Tubing Pressure	Coaing Pressure	Choke Size	
Actual Prod. During Test	Oil-Bbls.	Water - Bble.	Gas-MCF	
			7 - 704	
A 4 6 1877 7			(2)	
Actual Prod. Test-MCF/D	Length of Teet	Bbls. Condensate/MMCF	Gravity of Condensate	
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-is)	Cosing Pressure (Shut-is)	Choke Size	
		0	ATION COMMISSION	
CERTIFICATE OF COMPLIA	NCE	OIL CONSERVA	ATION COMMISSION NOV-05-1984	
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.		APPROVED Stanks. Jave		
		SUPERVISOR DISTRICT # 3		
\	1 6	TITLE		
1)	())	11	compliance with RULE 1104.	
- Grana !	enature)	If this is a request for allowell, this form must be accompled tests taken on the well in accompled.	wable for a newly drilled or deepens anied by a tabulation of the deviation	
$O_{Authorize}$	ed Agent	tests taken on the well in acco	ust be filled out completely for allow	
10-26-	Tüle) .84	able on new and recompleted w	will.	
10-20-	· .	Fill Out only sections to	ter, or other such change of condition	

able 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

