

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

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-1
Effective 1-1-65

3046/R
RECEIVED

FEB 08 1984

OIL CON. DIV.
DIST. 3

I. Operator
MOBIL PRODUCING TX.&N.M. INC

Address
NINE GREENWAY PLAZA SUITE 2700 HOUSTON, TX. 77046

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"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name CULLINS <i>Federal</i>	Well No. 3	Pool Name, Including Formation WEST LINDRITH GALLUP DAKOTA	Kind of Lease State, Federal or Fee	Lease No. 080472
Location Unit Letter <i>D</i> : 330 Feet From The <i>north</i> Line and 990 Feet From The <i>WEST</i>				
Line of Section <i>4</i> Township <i>24N</i> Range <i>3W</i> , NMPM, RIO ARRIBA 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"/>	Address (Give address to which approved copy of this form is to be sent)					
PLATEAU INC.	4775 INDIAN SCHOOL RD. ALBUQUERQUE, N.M. 87110					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
NORTHWEST PIPELINE	3539 EAST 30 TH. ST. FARMINGTON N. M. 87401					
If well produces oil or liquids, give location of tanks.	Unit <i>D</i>	Sec. <i>4</i>	Twp. <i>24N</i>	Rge. <i>3W</i>	Is gas actually connected? <i>NO</i>	When <i>?</i>

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 <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'
Date Spudded <i>10-24-83</i>	Date Compl. Ready to Prod. <i>1-10-84</i>	Total Depth <i>8100</i>	P.B.T.D. <i>8058</i>					
Elevations (DF, RKB, RT, GR, etc.) <i>7071 GR</i>	Name of Producing Formation <i>GALLUP DAKOTA</i>	Top Oil/Gas Pay <i>6714</i>	Tubing Depth <i>7791</i>					
Perforations <i>5714 - 5885 7723 - 7824</i>			Depth Casing Shoe					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<i>17 1/2</i>	<i>13 3/8</i>	<i>397</i>	<i>375</i>
<i>11</i>	<i>8 5/8</i>	<i>3400</i>	<i>900</i>
<i>77/8</i>	<i>4 1/2</i>	<i>8100</i>	<i>1700</i>
	<i>2 3/8</i>	<i>7791</i>	

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 for full 24 hours)

Date First New Oil Run To Tanks <i>1-10-84 12-19-83</i>	Date of Test <i>2-7-84</i>	Producing Method (Flow, pump, gas lift, etc.) <i>PUMP</i>	
Length of Test <i>24 HRS.</i>	Tubing Pressure <i>180</i>	Casing Pressure <i>180</i>	Choke Size
Actual Prod. During Test <i>59</i>	Oil-Bbls. <i>59</i>	Water-Bbls. <i>6</i>	Gas-MCF <i>80</i>

GAS WELL

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

VI. CERTIFICATE OF COMPLIANCE

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.

K. S. Jones
(Signature)
Production Supervisor
(Title)
2/8/84
(Date)

OIL CONSERVATION COMMISSION
2-15-84
APPROVED **FEB 15 1984**, 19

BY *Original Signed by FRANK T. CHAVEZ*
SUPERVISOR DISTRICT # 3

TITLE

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deeper well, this form must be accompanied by a tabulation of the deviate tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for all wells on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter, or other such change of conditions.
Separate Forms C-104 must be filed for each pool in multi-