Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 000 Rio Brazos Rd., Azzec, NM 87410	REQUEST F	OR A	LLOW	ABI	LE AND A	AUTHOR TURAL G	ZATION AS				
Operator Mobil Producing TX. & N.M. In							Well A	API No.			
Adress											
	xas 79702				Oth	er (Please exp	lain)				
(cason(s) for Filing (Check proper box) Change in Transporter of:						TO CHANGE OIL/CONDENSATE GATHER TO GARY					
iew Weil		Dry C			W	ILLIAMS E	NERGY EFF	. 6-1-90			
Lecompletion	Casinghead Gas		ensule [
change in Operator change of operator give name address of previous operator											
I. DESCRIPTION OF WELL A	AND LEASE	Post	Nome Inc	منادداد	ng Formation		Kind	of Lease FED	Le	ase No.	
LINDRITH B UNIT	Well No. 28					TA, WES	Crara	Federal or Fee		13	
ocation	. 610	East	From The	N	J Lin	1880) <u> </u>	set From The _	W	Line	
Unit Letter	2.4 N		e 3-V			MPM, RIO				County	
Section 16 Township											
II. DESIGNATION OF TRANS	or Cond	JIL A	ND NA	I UI	Vomess (O.		which approved	copy of this fo	PENVED O	#) O 80202	
GARY-WILLIAMS ENERGY COR Name of Authorized Transporter of Casinghead Gas			ry Gas	-	REPUBLIC PLAZA, 370 17 ST. STE 5300 DENVER CO. Address (Give address to which approved copy of this form is to be sent)						
EL PASO NATURAL GAS C	0	_,			P.O. BO	(1492, E ly connected?	L PASO,TX	79978			
If well produces oil or liquids, pive location of tanks.	Unit Sec.	Twp.	<u>4 3</u>	Rge.							
this production is commingled with that f V. COMPLETION DATA	from any other lease of	or pool,	give comm	ningl	ing order aun	nber:					
Designate Type of Completion	Oil W	ell	Gas We	il	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compl. Ready	to Prod	L		Total Depth	1		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas	Top Oil/Gas Pay			Tubing Depth		
Perforations	<u> </u>							Depth Casiz	ng Shoe		
	TIRIN	G CA	SING A	ND	CEMENT	ING RECO	ORD	_!			
	CASING &			1112	CENTER	DEPTH S	ET		SACKS CEM	IENT	
HOLE SIZE	CASING	, 00									
V. TEST DATA AND REQUES	ST FOR ALLOV	WABL	Œ		1				for 6.11 24 ho	ege l	
OIL WELL (Test must be after r Date First New Oil Run To Tank	recovery of total volume	ne of lo	ad oil and	mus	Producing	or exceed 10p Method (Flow	, pump, gas lift	, etc.)	JOF JALL 24 100		
					Casing Pre	ar C		Choraliza			
Length of Test Tubing Pressure				·		Markers RA	ii tir e le	Gaya MCF			
Actual Prod. During Test	Oil - Bbls.				Water - B	الم ين المال <u>المعالم</u>		·			
GAS WELL	_1							, <u> </u>	Condenses		
Actual Prod. Test - MCF/D	Length of Test					ensile/MMC	MK II. V		Condensate		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pro	saure (Shut-: r)	Choke Siz	e =		
VI. OPERATOR CERTIFIC	CATE OF COM	MPLI	ANCE	:		OII C	ONSER'	VATION	DIVISI	ON	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above						JUN 1 1 1990					
is true and complete to the best of my	knowledge and belie	ı.			∭ Da	ite Appro			~1		
Signature Signature					Ву			رىدة	The	X	
SHRLEY TODD Printed Name			ıle	<u> </u>	Tit	le	\$	UPERVIS	OR DISTI	HICT F3	
6-8-90	·		-2585								
Data	-	Telepho	one No.		11						

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) Senerate Form C-104 must be filed for each root in multiply completed wells