

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

NO. OF COPIES DESIRED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
OPERATOR	GAS
PRODUCTION OFFICE	

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

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

RECEIVED

APR 28 1986

OIL CON. DIV.  
DIST. 3

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) Other (Please explain)

<input checked="" type="checkbox"/> New Well	Change in Transporter of:	
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	<input type="checkbox"/> Condensate

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lessee Name LINDRITH "B" UNIT	Well No. 44	Pool Name, including Formation W.Lindrith-Gallup/DAKOTA	Kind of Lease State, Federal or Fee Federal	Lease No. SF-078913
Location Unit Letter <u>K</u> ; <u>1980</u> Feet From The <u>S</u> Line and <u>1680</u> Feet From The <u>W</u> Line of Section <u>21</u> Township <u>24-N</u> Range <u>3-W</u> , NMPM, <u>Rio Arriba</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"/> The Permian Corporation Permian (EFF 9/1/87)	Address (Give address to which approved copy of this form is to be sent) Box 1183, Houston, TX 77001
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas Co.	Address (Give address to which approved copy of this form is to be sent) Box 1492, El Paso, TX 79978
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. 21 24N 3W
Is gas actually connected? yes	When 4-21-86

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)  
Authorized Agent  
(Title)  
4-25-86  
(Date)

OIL CONSERVATION DIVISION

APPROVED APR 28 1986  
Original Signed by FRANK T. CHAVEZ  
BY \_\_\_\_\_  
SUPERVISOR DISTRICT W-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 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 2-1-86	Date Compl. Ready to Prod. 4-15-86	Total Depth 7750		P.B.T.D. 7707					
Elevations (DF, RKB, RT, CR, etc.) GL-7000	Name of Producing Formation Dakota	Top Oil/Gas Pay 7270		Tubing Depth SN@7516					
Perforations 7270-7502				Depth Casing Shoe					
<b>TUBING, CASING, AND CEMENTING RECORD</b>									
MOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
12 $\frac{1}{4}$	9-5/8		425		400x				
8 $\frac{1}{2}$	5 $\frac{1}{2}$		7748		800x				
	2-3/8		SN@ 7516						

#### 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 4-15-86	Date of Test 4-21-86	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hrs.	Tubing Pressure 830	Casing Pressure 830	Choke Size
Actual Prod. During Test	Oil - Bbls. 192	Water - Bbls. 12	Gas - MCF 459

#### GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate 45.7 @ 60 <sup>0</sup>
Testing Method (plot, back pr.)	Tubing Pressure (Shot-in)	Casing Pressure (Shot-in)	Choke Size