

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501 APR 2 7 1987

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

REQUEST FOR ALLOWABLE OIL CON. DIV.
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS DIST. 3

I. Operator Mobil Producing TX & NM Inc.
Address 9 Greenway Plaza, Suite 2700, Houston, TX 77046
Reason(s) for filing (Check proper box)
☒ New Well ☐ Recompletion ☐ Change in Ownership
Change in Transporter of: ☐ Oil ☐ Dry Gas ☐ Casinghead Gas ☐ Condensate
Other (Please explain)

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Lindrith "B" Unit	Well No. 73	Pool Name, including Formation Gavilan Extension (Gallup)	Kind of Lease State, Federal or Fee Federal	Lease No. SE-078907
Location Unit Letter <u>A</u> : <u>990</u> Feet From The <u>North</u> Line and <u>900</u> Feet From The <u>East</u> Line of Section <u>6</u> Township <u>24-N</u> Range <u>2-W</u> , 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"/> 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	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. : 6 : 24 : 2 : Is gas actually connected? : When : No :

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.

Authorized Agent

4-23-87
(Date)

OIL CONSERVATION DIVISION

APPROVED _____
Original Signed By FRANK T. CHAVEZ
BY _____
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 deviate 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 multiple 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.
		X		X					
Date Spudded 12-29-86	Date Compl. Ready to Prod. 1-10-76	Total Depth 7200			P.B.T.D. 7129				
Elevations (DF, RKB, RT, GR, etc.) KB-7105	Name of Producing Formation Gallup	Top Oil/Gas Pay 6874			Tubing Depth SN @ 6924				
Perforations 6684-6740, 6746-6800, 6874-6926						Depth Casing Shoe			

TUBING, CASING, AND CEMENTING RECORD

MOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4	9 5/8	424	325 SX
7 7/8	5 1/2	7200	1135 SX
	2 3/8	SN @ 6924	

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 3-31-87	Date of Test 4-15-87	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs.	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls. 17	Water - Bbls. 1	Gas - MCF 134

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate 43.0 @ 60°
Testing Method (prior, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size