Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240 DISTRICT II P.O. Drawer DD, Artesia, NM 88210

## State of New Mexico Energy, Minerals and Natural Resources Department

Revised 1-1-89 See Instructi Attent of Page

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION DISTRICT III 1000 Rio Brizos Rd., Aziec, NM 87410 TO TRANSPORT OIL AND NATURAL GAS Well API No. Mobil Producing TX. & N.M. Inc., Thru its Agent Mobil Expl. & Prod. U.s. Inc. Operator Address Midland, Texas 79702 P.O. Box 633 Other (Please explain) TO CHANGE OIL/CONDENSATE GATHER TO GARY Reason(s) for Filing (Check proper box) Change in Transporter of:

Dry Gas WILLIAMS ENERGY COPR. EFFECTIVE 6-1-90 New Well Oil Recompletion Condensale Casingh Change in Operator If change of operator give name and address of previous operator II. DESCRIPTION OF WELL AND LEASE Lease No. Kind of Lease Well No. Pool Name, Including Formation State, Federal or Fee SF078907 Gavilan Mancos-Galap Lindrith B Unit 990 Feet From The N Line and 900 Feet From The E Location Unit Letter \_\_\_A County NMPM, Rio Arriba Range 2-W Township 24-N Section 6 III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) or Condensale Rep. Pl. 370 17St. Ste. 5300 Den. CO. 80202

Address (Give address 10 which approved copy of this form is to be sent) Name of Authorized Transporter of Oil ΓŽ Gary-Williams Energy Co.
Name of Authorized Transporter of Casinghead Gas or Dry Gas **K**□ El Paso, Texas 79978 Box 1492. P.O. El Paso Natural Gas Co. is gas actually connected? When? Ree. Twp. Sec. Unit If well produces oil or liquids, 24 6 give location of tanks. If this production is commingled with that from any other lesse or pool, give commingling order number: Plug Back | Same Res'v Diff Res'v IV. COMPLETION DATA Deepen New Well Workover Gas Well Oil Well Designate Type of Completion - (X) PRTD. Total Depth Date Compl. Ready to Prod. Date Spudded Tubing Depth Top Oil/Gas Pay Name of Producing Formation Elevations (DF, RKB, RT, GR, etc.) Depth Casing Shoe Perforations TUBING, CASING AND CEMENTING RECORD SACKS CEMENT DEPTH SET CASING & TUBING SIZE HOLE SIZE 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 of Test Date First New Oil Run To Tank (D) Casing Press Tubing Pressure Length of Test JUNI I 199 Ga- MCF Water - Bbls. Oil - Bbls. Actual Prod. During Test OIL CON. DIV. Bbls. Condensate/MMCF DIST. 3 Gravity of Condensate GAS WELL Length of Test Actual Prod. Test - MCF/D Choke Size Casing Pressure (Shut-in) Tubing Pressure (Shut-in) Tosting Method (pitot, back pr.) OIL CONSERVATION DIVISION VI. OPERATOR CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation JUN 1 1 1990 have been complied with and that the information given above Date Approved is true and complete to the best of my knowledge and belief. <u>Yhuley</u> 00dd By \_\_\_ Werk transfer that is SUPERVISOR DISTRICT #3 Signature SHIRLEY TOOD Title Title. Printed Name 6-8-90 (915)688-2585 Telephone No. Date

- 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
- 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) Senarate Form C-104 must be filed for each nool in multiply completed wells.