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OIL CON. DIV
DIST. 3

STATE OF NEW MEXICO
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	GAS
OPERATOR	
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OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 08-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
MOBIL PRODUCING TEXAS NEW MEXICO, INC

Address
P. O. DRAWER G, CORTEZ, COLORADO 81321

Reason(s) for filing (Check proper box)

<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

Other (Please explain)
API # 30-039-24582

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name LINDRITH B UNIT	Well No. 76	Pool Name, including Formation W. LINDRITH GALLUP DAKOTA	Kind of Lease FEDERAL State, Federal or Fee	Lease No. SF-078911
Location				
Unit Letter <u>C</u> : <u>1150</u> Feet From The <u>NORTH</u> Line and <u>1750</u> Feet From The <u>WEST</u>				
Line of Section <u>1</u> Township <u>42</u> NORTH Range <u>3</u> WEST, 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"/> PERMIAN CORPORATION	Address (Give address to which approved copy of this form is to be sent) PO BOX 1183, HOUSTON, TEXAS 70978
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> EL PASO NATURAL GAS COMPANY	Address (Give address to which approved copy of this form is to be sent) PO BOX 1492, EL PASO, TEXAS 79978
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit <u>C</u> Sec. <u>1</u> Twp. <u>42N</u> Rge. <u>3W</u>	<u>NO</u> <u>MAY 11, 1990</u>

If this production is commingled with that from any other lease or pool, give commingling order number: N/A

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.

Cheryl F. Beaulieu
(Signature)
SR. STAFF ENVIRONMENTAL ENGINEER
(Title)
MAY 8, 1990
(Date)

OIL CONSERVATION DIVISION

APPROVED MAY 08 1990, 19 _____

BY Original Signed by FRANK T. CHAVEZ

TITLE SUPERVISOR DISTRICT 3

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 X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'v.	Dill. Res'v.
Date Spudded March 8, 1990	Date Compl. Ready to Prod. April 24, 1990	Total Depth 7950'			P.B.T.D. 7950' 7945				
Elevations (DF, RKB, RT, CR, etc.) KB: 7022', GR: 7009'	Name of Producing Formation Dakota	Top Oil/Gas Pay 7758'			Tubing Depth 7733'				
Perforations 7758-83' two JSPF							Depth Casing Shoe		
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
17½" to 420'	13-3/8"		420'		475				
11" to 5000'									
7-7/8" to 7950'	5-1/2"		7950'		1855				

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 April 24, 1990	Date of Test May 7, 1990	Producing Method (Flow, pump, gas lift, etc.) pump	
Length of Test 24 hours	Tubing Pressure 110#	Casing Pressure 110#	Choke Size -
Actual Prod. During Test	Oil - Bbls. 40	Water - Bbls. 3	Gas - MCF 228

GAS WELL

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

DEPT. OF YAM
YAMAH