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

State of New Mexico Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

_	T	TDA	NSE	ORT OIL	AND NAT	'URAL GA	\S					
		JINA	1401	OITI OIL	, , , , , , , , , , , , , , , , , , , ,		Well A					
Operator	INC % MORIL EXPLORATION & PRODUCING US INC. 30-1							39-24352				
MOBIL PRODUCING TX & N.M. I	NC. % MOB	II. EXP	UKA	IIIN GIN	ODOUTHO V	<u> </u>						
Address P.O. BOX 633 MIDLAND, T	x 79702											
Reason(s) for Filing (Check proper box)	X 73702				Othe	t (Please expla	ún)					
	(hange in	Transp	porter of:								
New Well	Oil		Dry C	F-7								
Recompletion	Casinghead											
Change in Operator U												
and address of previous operator												
II. DESCRIPTION OF WELL	AND LEAS	SE										
Lease Name	WAI NO POOL NOTE. INCHES						ng Formation Kind of			f Lease Lease No.		
LINDRITH B UNIT	}	76 West Lindrith (Gallup/Dakota State, F			SF 078911			
Location					,							
C	. 11	50	Frant 1	From The N	Line	and1750	Fe	et From The	W	Line		
Unit Letter	_ :		. 100	1100 100 111								
Section 1 Township	24N		Rang	e 3W	, N	APM, RIO AF	RIBA			County		
Sicceon												
III. DESIGNATION OF TRAN	SPORTER	OF O	IL A	ND NATUI	RAL GAS					-		
Name of Authorized Transporter of Oil		or Conden	sate		Address (Giv	e address to wi	iich approved	copy of thus	form is to be se	nt)		
(FEC												
Name of Authorized Transporter of Casing	ghead Gas	×	or D	ry Gas 🔚	Address (Give address to which approved copy of this form is to be sent)							
MOBIL NATURAL GAS INC.					P.O. BOX 219063 DALLAS, TX							
If well produces oil or liquids,	Unit	Sec.	Twp	. Rge.	Is gas actually connected?			en ?				
give location of tanks.	i L		<u></u>		Yes			<u>5-12-90</u>				
If this production is commingled with that	from any othe	r lease or	pool,	give comming!	ing order sumi	per:						
IV. COMPLETION DATA	-								<u> </u>	by the state		
		Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v		
Designate Type of Completion			\bot			<u> </u>	l	1				
Date Spudded	Date Comp	. Ready to	o Prod		Total Depth			P.B.T.D.				
, ————,												
Elevations (DF, RKB, RT, GR, etc.)	Name of Pro	oducing F	ormati	06	Top Oil/Gas	ray		Tubing Depth				
								Depth Casing Shoe				
Perforations									26 220			
						NO BECOR	<u> </u>	1				
	TUBING, CASING AND C				CEMENTING RECORD			SACKS CEMENT				
HOLE SIZE	CAS	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
								 				
								 -				
V. TEST DATA AND REQUE	ST FOR A	LLOW	ABL	Æ			anable for th	e denth or hi	for full 24 hou	ers.)		
V. TEST DATA AND REQUES OIL WELL (Test must be after to	recovery of to	al volume	of loc	ed oil and must	be equal to o	exceed top au	emp eas lift	of 1	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1		
Date First New Oil Run To Tank	Date of Tes	Date of Test				Producing Method (Flow, pump, gas lift, a. Casing Pressure						
									Choke Size			
Length of Test	Tubing Pre	strice			Casing Fresh	uic .		2 3	AN 2 3 19	192		
					Water - Bbls			Gas- MCF	4112019	¥		
Actual Prod. During Test	Oil - Bbls.				Marei - Don	•		OIL	CON	DIM		
					<u> </u>				0.09	 		
GAS WELL									Ciet. 3	<u></u>		
Actual Prod. Test - MCF/D	Length of	Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate			
								- A-1- 6'				
osting Method (pitot, back pr.) Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Siz	Choice Size				
Testing transaction of the same												
THE OPERATOR CERTIFIC	TATE OF	COM	PL.L	ANCE		O.I. O.O.I	VOEDV	ATION		201		
VL OPERATOR CERTIFICATE OF COMPLIANCE						OIL CONSERVATION DIVISION						
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above						JAN 2 3 1993						
is true and complete to the best of my knowledge and belief.					Date Approved							
0,						Date Apploved						
Shuley Godd						1 5 Sout (I)						
Cignoture						By Stanks. Sura						
Signature () Shirley Todd Environmental & Regulatory Tech					h∭	SUPERVISOR OF LACE						
Printed Name Title					Title	9	See A contract		· ·			
January 21, 1992		(915)			11							
		Te	sephol	ne 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) Separate Form C-104 must be filed for each pool in multiply completed wells.