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Appropriate District Office
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1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

CONFIDENTIAL

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator MOBIL PRODUCING TX & N.M. INC	Well API No. 30-039-25154
Address PO BOX 633 MIDLAND. TX 79702	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator	

II. DESCRIPTION OF WELL AND LEASE

Lease Name LINDRITH B UNIT	Well No. 82	Pool Name, Including Formation W. LINDRITH GALLUP DAKOTA	Kind of Lease State, Federal or Fee	Lease No. SF-078908
Location Unit Letter M : 1120 Feet From The S Line and 790 Feet From The W Line Section 8 Township 24N Range 2W , 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"/> GARY WILLIAMS ENERGY CORPORATION	Address (Give address to which approved copy of this form is to be sent) REP. PL.370, 17th ST. STE 5300 DENVER, CO 80202					
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) PO BOX 1492 ELPASO, TX 79978					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When ?

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 2-8-92	Date Compl. Ready to Prod. 2-2-92		Total Depth 7916		P.B.T.D. 7858			
Elevations (DF, RKB, RT, GR, etc.) 7205	Name of Producing Formation DAKOTA		Top Oil/Gas Pay 7744		Tubing Depth 7245			
Perforations 7744 - 7776					Depth Casing Shoe			

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2	13 3/8	448	550sx
11 & 8 3/4	5 1/2	7916	2600sx
	2 7/8		

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 Tank 3-22-92	Date of Test 3-24-92	Producing Method (Flow, pump, gas lift, etc.) PUMP	
Length of Test 24 hrs.	Tubing Pressure 120	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls. 220	Water - Bbls. 70	Gas- MCF 135

GAS WELL

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

VI. OPERATOR 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 above is true and complete to the best of my knowledge and belief.

Shirley Todd

Signature
Shirley Todd Env. & Reg. Technician
Printed Name
3-24-92 (915)688-2585
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved MAR 22 1992

By

Original Signed by CHARLES GYMERSON

Title

DEPUTY OIL & GAS INSPECTOR, DIST. #3

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.