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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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Mobil Producing TX. & N.M. Inc.*		Well API No. 30-025-25322
Address *Mobil Exploration & Producing U.S. Inc, as Agent for Mobil Producing TX. & N.M. Inc. P. O. Box 633, Midland, Texas 79702		
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Recompletion <input checked="" type="checkbox"/> Change in Operator <input type="checkbox"/>		<input checked="" type="checkbox"/> Other (Please explain) REQUEST TESTING ALLOWABLE OF 2000 BBLS FOR OIL ACCUMULATED TESTING IN FEBRUARY, 1992
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <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 S. E. LONG	Well No. 9	Pool Name, Including Formation WANTZ ABO	Kind of Lease State, Federal or Fee FEE	Lease No.
Location Unit Letter J : 1780 Feet From The SOUTH Line and 1980 Feet From The EAST Line Section 11 Township 22S Range 37E , NMPM, LEA County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil TEXAS-NEW MEXICO PIPELINE <input checked="" type="checkbox"/>	or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) BOX 1510, MIDLAND, TX 79702				
Name of Authorized Transporter of Casinghead Gas TEXACO PRODUCING INC. <input checked="" type="checkbox"/>	or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) BOX 52332, HOUSTON, TX 77052				
If well produces oil or liquids, give location of tanks.	Unit O	Sec. 11	Twp. 22S	Rge. 37E	Is gas actually connected? YES	When? 10/28/77

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 X	Gas Well	New Well	Workover	Deepen X	Plug Back	Same Res'v	Diff Res'v X
Date Spudded 2/11/92	Date Compl. Ready to Prod.		Total Depth 7355		P.B.T.D. 7050			
Elevations (DF, RKB, RT, GR, etc.) 3355	Name of Producing Formation WANTZ ABO		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

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.)

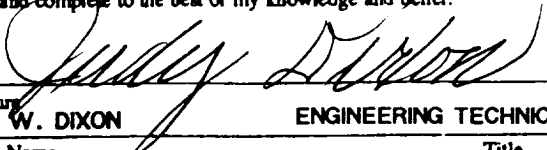
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF

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.

Signature 
J. W. DIXON ENGINEERING TECHNICIAN
Printed Name Title
FEBRUARY 17, 1992 (915) 688-2452
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved FEB 19 1992
By 
Title

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.