

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

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MAY 15 1986

O. C. D.

ARTESIAN AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

REQUEST FOR ALLOWABLE  
AND

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

I. Operator Mobil Producing TX & NM Inc.

Address 9 Greenway Plaza, Suite 2700, Houston, TX 77046

Reason(s) for filing (Check proper box)	Other (Please explain)
<input checked="" type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership	Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Gas <input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Government "D"	Well No. 13	Pool Name, including Formation E. Avalon, East-Bone Spring	Kind of Lease State, Federal or Fee Federal	Lease No. NM-170
Location Unit Letter X : 660 Feet From The south Line and 660 Feet From The east Line of Section 1 Township 21-s Range 27-E, NMPM, Eddy 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"/> The Permian Corporation Permian (66 Natural Gas)	Address (Give address to which approved copy of this form is to be sent) Box 1183, Houston, TX 77001
Name of Authorized Transporter of Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips 66 Natural Gas	Address (Give address to which approved copy of this form is to be sent) Frank Phillips Bldg., Bartlesville, OK740
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. NE/NW 12 21 27
Is gas actually connected?	When yes 5/9/86

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

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.

OIL CONSERVATION DIVISION

MAY 22 1986

APPROVED \_\_\_\_\_, 19

BY Original Signed By  
Mike Williams

TITLE Oil & Gas Inspector

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deeper well, this form must be accompanied by a tabulation of the deviat tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all able on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of own well name or number, or transporter, or other such change of conditi

Separate Forms C-104 must be filed for each pool in multi completed wells.

*Nancy Lewis*  
(Signature)

Authorized Agent

5-12-86

(Title)

(Date)

#### IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X		X					
Date Spudded 3-24-86	Date Compl. Ready to Prod. 5-2-86		Total Depth 5710			P.B.T.D. 5664			
Elevations (DF, RKB, RT, CR, etc., KB - 3203	Name of Producing Formation Bone Spring		Top Oil/Gas Pay 5604			Tubing Depth 5503			
Perforations 5604-5624						Depth Casing Shoe			

#### TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17½	13-3/8	645	450x
12½	9-5/8	2610	1150x
7-7/8	5½	5710	1450x
	2-7/8	5503	

#### 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 5-2-86	Date of Test 5-9-86	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hrs	Tubing Pressure 850	Casing Pressure 0	Choke Size 9/64
Actual Prod. During Test	Oil - Bbls. 180	Water - Bbls. 0	Gas - MCF 330

#### GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate 45.0 @ 60
Testing Method (prior, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size