

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

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator Mobil Producing TX. & N.M. Inc., Thru Its Agent Mobil Expl. & Prod. U.S. Inc.	Well API No.
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Address P.O. Box 633 Midland, Texas 79702
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Reason(s) for Filing (Check proper box)	<input type="checkbox"/> Other (Please explain)
New Well <input type="checkbox"/>	TO CHANGE OIL/CONDENSATE GATHER TO GARY WILLIAMS ENERGY COPR. EFFECTIVE 6-1-90
Recompletion <input type="checkbox"/>	
Change in Operator <input type="checkbox"/>	
Change in Transporter of: Oil <input checked="" 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 Federal (28714)	Well No. 1	Pool Name, including Formation Chacon-Dakota	Kind of Lease State, Federal or Fee	Lease No. 28714
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Location Unit Letter <u>A</u> : <u>790</u> Feet From The <u>N</u> Line and <u>790</u> Feet From The <u>E</u> Line Section <u>31</u> Township <u>24N</u> Range <u>3W</u> , <u>NMPM</u> , Rio Arriba County
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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 Cor.	Address (Give address to which approved copy of this form is to be sent) Rep. Pl., 370 17St. Ste. 5300, Den. CO 80202
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Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas Co.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1492, El Paso, Texas 79978
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If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When?
	1675B	31	24N	3W		

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.	Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay			Tubing Depth			
Perforations	Depth Casing Shoe							

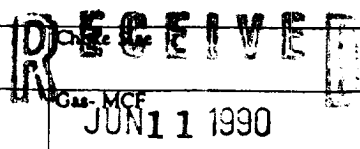
TUBING, CASING AND CEMENTING RECORD

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
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.



GAS WELL

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

OIL CON. DIV  
DIST. 3

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  
Printed Name  
6-8-90  
Date

MOBIL EXPLORATION & PRODUCING U.S. INC.  
AGENT FOR OIL AND GAS OPERATIONS  
Title  
(915)688-2585  
Telephone No.

OIL CONSERVATION DIVISION  
JUN 11 1990  
Date Approved \_\_\_\_\_  
By *Bill D. Chung*  
SUPERVISOR DISTRICT #3  
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.