

Submit 5 Copies  
Appropriate District Office  
DISTRICT I  
P.O. Box 1C30, Hobbs, NM 88240

State of New Mexico  
Energy, Minerals and Natural Resources Department

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

OIL CONSERVATION DIVISION

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

Operator MOBIL PRODUCING TX & N.M. INC. 15144		Well API No. 30-039-21952
Address 12450 GREENSPPOINT DRIVE, HOUSTON, TX 77060-1991		
Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> Other (Please explain) New Well <input type="checkbox"/> Change in Transporter of: MOBIL TOOK OVER AS OPERATOR 7/1/91. Recompletion <input type="checkbox"/> Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/> PAPERWORK WAS NEVER FILED. Change in Operator <input checked="" type="checkbox"/> Casinghead Gas <input checked="" type="checkbox"/> Condensate <input type="checkbox"/>		
If change of operator give name and address of previous operator Meridian Oil Inc., 3535 East 30th St., P.O. Box 4289, Farmington, NM 87499-4289		

II. DESCRIPTION OF WELL AND LEASE

Lease Name MOBIL FEDERAL 34 14136	Well No. 1	Pool Name, Including Formation WEST LINDRITH GALLUP DAKOTA 39189	Kind of Lease State, Federal or Fee FEDERAL	Lease No. NA
Location Unit Letter M : 790 Feet From The SOUTH Line and 790 Feet From The WEST Line Section 34 Township 24N Range 3W, NMPM, RIO ARRIBA County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil GARY-WILLIAM ENERGY CORP. <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) 370 17TH ST., SUITE 5300, DENVER, CO. 80202					
Name of Authorized Transporter of Casinghead Gas EL PASO NATURAL GAS 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) P.O. BOX 1492, EL PASO, TX 79978					
If well produces oil or liquids, give location of tanks.	Unit M	Sec. 34	Tw. 24N	Rge. 3W	Is gas actually connected? YES	When? 11/93

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		PORTHOLE SET			SACKS CEMENT		
RECEIVED MAR 11 1994								

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  
Patricia B. Swanner  
Printed Name  
3/9/94  
Date  
Reg. Tech/Asst. III  
(713) 775-2081  
Telephone No.

OIL CONSERVATION DIVISION

MAR 11 1994

Date Approved  
By  
Title  
SUPERVISOR DISTRICT 49

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.