HO. OF COPIES REC	EIVED	1
DISTRIBUTIO	1	
SANTA FE	1-1-	
FILE		
U.S.G. S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		
Operator		

II.

III.

IV.

110

SANTA FE	+	NEW MEXICO OIL	CONSERVATION COM	MISSION	Form C-104	
FILE	+	REQUEST	REQUEST FOR ALLOWABLE		Supersedes Old C-104 and C-1 Effective 1-1-65	
U.S.G.\$.	+ 1	AUTHORIZATION TO TR	AND	NATURAL		-65
LAND OFFICE		ACTIONIZATION TO TR	ANSPURT UIL AND	NATURAL	GAS	ال)
TRANSPORTER OIL	\perp				1h	1/1
OPERATOR GAS	+	: 				•
PRORATION OFFICE	+-					
Mobil Producing TX Address						
9 Greenway Plaza, S Reason(s) for filing (Check prope	uite	2700, Houston, Texas				
New Well	, 002)	Change in Transporter of:	Other (Pleas		ghead gas prod	luotion
Recompletion		Oil Dry G	with the	e casingh	ead gas produc	tion
Change in Ownership		Casinghead Gas Conde	ensate from the	e Lindrit	h B Unit #10	
If change of ownership give na and address of previous owner	me			-		
DESCRIPTION OF WELL A	ND L	EASE				
Lease Name		Well No. Pool Name, Including F		Kind of Lease	-	Lease No.
Lindrith B Unit		4 Chacon - Dako	ta Associated	State, Federa	olor Fee Federal	078915
	840	Feet From The North Lin	ne and 1840	Feet From '	The <u>East</u>	
Line of Section 34	Town	nship 24N Range 31	W , NMPN	, Rio Arr	iba	County
DESIGNATION OF TRANSP Name of Authorized Transporter o	ORTI	ER OF OIL AND NATURAL GA	AS Address (Give address	to which approx	ved copy of this form is	to be sent!
The Permian Corpora Name of Authorized Transporter o	tion (Casir	nghead Gas 🔀 💮 or Dry Gas 🚞	P. O. Box 3119	9. Midlan		
Mobil Producing TX-	& NM	Inc.	1			770/6
If well produces oil or liquids, give location of tanks.	1	Unit Sec. Twp. Rge. M 21 24N 3W	9 Greenway Plants Is gas actually connect Temporary Connect		en	
If this production is commingled COMPLETION DATA	d with	that from any other lease or pool,	give commingling order	r number:		
Designate Type of Compl	etion	- (X)	New Well Workover	Deepen	Plug Back Same Re	s'v. Diff. Res'v
Date Spudded		Date Compl. Ready to Prod.	Total Depth		P.B.T.D.	
Elevations (DF, RKB, RT, GR, et.	c.; 1	Name of Producing Formation	Top Cil/Gas Pay		Tubing Depth	
Perforations					Depth Casing Shoe	
		TUBING, CASING, AND	CEMENTING RECOR	D		
HOLE SIZE	-	CASING & TUBING SIZE	DEPTH SE	ET	SACKS CE	MENT
					 	
	1				 	
			<u>i </u>		1	
TEST DATA AND REQUEST OIL WELL	FOF		fter recovery of total value or be for full 24 hours	me of load oil a	and must be equal to or	exceed top allow
Date First New Cil Run To Tanks	į	Date of Test	cducing Method (Flow	<u> </u>	i, etc.) 💉 👸 🖟	# Mix
			:			
Length of Test	1	Tubing Pressure	Casing Pressure		Chore Size	
Actual Prod. During Test	C	Dil-Bbis.	Water - Sbls.		Gas van COV.	1480 COM
	1_				UIST.	
FAS WELL Actual Prod. Test-MCF/D	1,	ength of Test	Bbis. Condensate/MMCF		G-W-4G	
Total Idai Idai Mol D	-	, ang it. of 1 and	BLIS. CONGENEGRO MMCP		Gravity of Condensate	
esting Method (pitot, back pr.)	T	ubing Pressure (Shut-in)	Casing Pressure (Shut-	·in)	Choke Size	
RTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION				
reby certify that the rules and regulations of the Oil Conservation		APPROVED	10V17	MU.	19	
mission have been complie	d with	h and that the information given	O total stand by CHARLES CHOISON			
e is true and complete to the best of my knowledge and belief.						
		TITLE DEPUTY OIL & GAS INSPECTOR DIST. #3				
5 h. 1 k					ompliance with RUL	
Jan July	ighatur	····	If this is a required well, this form must	est for allows be accompan	able for a newly drill iled by a tabulation o	ed or deepened If the deviation

horized Agent (Title)

(Date)

mber 11, 1980

teats taken on the well in accordance with RULE 111.

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

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

Separate Forms C-104 must be filed for each pool in multiply