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	GAS	
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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-85

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AUG 02 1984
OIL CON. DIV.
DIST. 3

1. Operator MOBIL PRODUCING TX. & N.M. INC.	
Address NINE GREENWAY PLAZA SUITE 2700 HOUSTON, TX. 77046	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input checked="" type="checkbox"/> Condensate <input type="checkbox"/>
CHANGE TRANSPORTER	

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name CULLINS FEDERAL	Well No. 3	Pool Name, including Formation WEST LINDRITH GALLUP DAKOTA	Kind of Lease State, Federal or Fee FED.	Lease No. 080472
Location Unit Letter <u>D</u> <u>330</u> Feet From The <u>north</u> Line and <u>990</u> Feet From The <u>west</u>				
Line of Section <u>4</u> Township <u>24N</u> Range <u>3W</u> , NMPM, RIO ARRIBA 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"/> PLATEAU INC.	Address (Give address to which approved copy of this form is to be sent) 4775 INDIAN SCHOOL RD. ALBUQUERQUE, N.M. 87125					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> EL PASO NATURAL GAS	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 D	Sec. 4	Twp. 24 N	Rge. 3 W	Is gas actually connected? No	When ?

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.
X	X							
Date Spudded 10-24-83	Date Compl. Ready to Prod. 1-10-84	Total Depth 8100	P.B.T.D. 8058					
Elevations (DF, RKB, RT, GR, etc.) 7071 GR	Name of Producing Formation GALLUP DAKOTA	Top Oil/Gas Pay 6714	Tubing Depth 7791					
Perforations 6714 - 6885	7723 - 7824	Depth Casing Shoe						
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
17 1/2	13 3/8	397	375					
11	8 5/8	3400	900					
7 7/8	4 1/2	8100	1700					
	2 3/8	7791						

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 Tanks 12-19-83	Date of Test: 2-7-84	Producing Method (Flow, pump, gas lift, etc.) PUMP	
Length of Test 24 HRS	Tubing Pressure 180	Casing Pressure 180	Choke Size
Actual Prod. During Test 59	Oil - Bbls. 59	Water - Bbls. 6	Gas - MCF 80

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. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

E. D. Jones
(Signature)
Production Supervisor
(Title)
8/2/84
(Date)

OIL CONSERVATION COMMISSION

APPROVED AUG 02 1984, 19____
BY Frank J. [Signature]
TITLE SUPERVISOR DISTRICT # 3

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests 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 completed wells.