DISTRIBUTION SANTA FE FILE U.S.G.S.	REQUEST F	INSERVATION COMMISSION OR ALLOWABLE AND ASPORT OIL AND NATURAL GA	Form C-104 Supersedes Old C-104 and C-111 Effective 1-1-65	
LAND OFFICE I RANSPORTER OPERATOR PROBATION OFFICE Operation Office	N. Tao.	nete	Correction	
Mobil Producing TX, & N Address Nine Greenway Plaza, Su Reason(s) for filing (Check proper box) New Weil Recompletion Change in Ownership If change of ownership give name and address of previous owner	ite 2700, Houston, Texas Change in Transporter of: OII Dry Gas Casinghead Gas Conden	Other (Please explain):	EB 1 3 1085 COM. LIV.)	
II. DESCRIPTION OF WELL AND I	27 Chacon-Dakota	e and 990 Feel From T	reuerar 1	
III. DESIGNATION OF TRANSPORT	nehlp 2411 Range ER OF OIL AND NATURAL GA	3W Rio A		
Name of Authorized Transporter of Oil The Permian Corporation Name of Authorized Transporter of Cas	or Condensate	P.O. Box 1183 . Housto ddress (Give address to which approx Waiting on Gas Co	n . Tx. 77001 ed copy of this form is to be sent)	
If well produces oil or liquide, give location of tanks.	Unit Sec. Twp. Rge.	Is gas actually connected? When		
If this production is commingled wit IV. COMPLETION DATA Designate Type of Completion	Oil Well Gas Well	give commingling order number: New Well Workover Deepen	Plug Back Same Resty. Diff. Resty	
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
12-26-84 Elevations (DF, RKB, RT, GR, etc.)	01-31-35 Name of Producing Formation	7800' Top Cti/Gas Pay	7730 ' Tubing Depth	
6902 KB	Dakota	7312	7500 Depth Casing Shoe	
7312-22, 7409-14,			L	
		D CEMENTING RECORD DEPTH SET	SACKS CEMENT	
17-1/2"	CASING & TUBING SIZE	420	500/ X Class B	
1/-1/2" 12-1/4"	8-5/8"	3300'	1000/ X Pace Setter li 150/X Class B	
7-7/8 V. TEST DATA AND REQUEST F	4-1/2" OR ALLOWABLE (Test must be able for this d	1/19-/ 78131 after recovery of total volume of load oil epih or be for full 24 hours)	11230/X Pace Sotter lit	
OII, WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas li	ft, etc.)	
01-24-85	02-06-85 /	Casing Pressure	Choke Size	
Length of Teet 24 hrs.	550	1100	16/64"	
Actual Prod. During Teet 1205	137	Water-Bbis.	307	
/40				
Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate	
Testing Method (pitos, back pr.)	Tubing Pressure (Shut-im)	Casing Pressure (Shut-in)	Choke Size	
	regulations of the Oil Conservation with and that the information gives to best of my knowledge and belief.	APPROVED MAI	ATION COMMISSION R 0 8 1985	
/ 1	nature)	If this is a request for allo	ust be filled out completely for all	

02/07/85
(Date)

O2/07/85

(Date)

O2/07/85

(Date)

DIST. 3

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NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

Form C-104 Supersedes Old C-104 and C-11:

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

FILE		AND		ffective 1-1-65		
U.S.G.S.	AUTHORIZATION TO TRAP	ISPORT OIL AND NATU	RAL GAS			
LAND OFFICE			116			
TRANSPORTER GAS			304 2-8)		
OPERATOR		304 × 18 ×				
PRORATION OFFICE						
Mobil Producing TX. & N	M Inc					
Address						
Nine Greenway Plaza, Su	ite 2700, Houston, Texas	77046 Other (Please expla				
Reason(s) for filing (Check proper box) New Well	Change in Transporter of:	Omer friense explu	- 1 (6명) 1일 1일 1일 - 1 (1) 1			
Recompletion	Oil Dry Gas			3 1103		
Change in Ownership	Casinghead Gas Condens	sate 🔲	FLO:	.)		
Makana of americkin sive seme						
If change of ownership give name and address of previous owner						
DECORPORADO OF WELL AND I	EACE	<i>f</i> .				
DESCRIPTION OF WELL AND L	Well No. Pool Name Including Fe	marton Kind	of Lease	Lease No.		
Lindrith "B" Unit	27 Chacon-Dakota 7	Store Store	Federal or Fee	ederal		
Location 390	South	000 -		West		
Unit Letter; 390	Feet From The South Line	and 330 Fe	et From The	MES C		
Line of Section 10 Town	ship 24N Range	3W , NI/PM,	Rio Arriba	County		
Name of Authorized Transporter of Oil	or Condensate	S Address (Give address to whi	ch approved copy o	(this form is to be sent)		
The Permian Corporation						
Name of Authorized Transporter of Casi	nghead Gas or Dry Gas	P.O. Box 1183 . Houston . Tx. 77001 Address (Give address to which approved copy of this form is to be sent)				
		Waiting on Gas Contract				
If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected?	When			
give location of tanks.	1 16 107		i	· · · · · · · · · · · · · · · · · · ·		
If this production is commingled with	that from any other lease or pool,	give commingling order num	ber:			
. COMPLETION DATA	Oil Well Gas Well	New Well Workover De	epen Plug Ba	ck Same Resty. Diff. Resty.		
Designate Type of Completion	, A	1	P.B.T.D			
Date Spudded	Date Compl. Ready to Prod.	Total Depth	F.B.1.L	 7730'		
12-26-85 Elevations (DF, RKB, RT, GR, etc.)	01-31-85 Name of Producing Formation	7800 t Top Oil/Gas Pay	Tubing			
6902 KB	Dakota	7312		7500		
Perforations	7406 75121		Depth C	asing Shoe		
7312-22, 7409-14,	/486-/513	CEMENTING RECORD				
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT		
17-1/2"	13-3/8"	420	500/	X Class B		
12-1/4"	8-5/8"	3300'		X Pace Setter lit X Class B		
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	7794 7813		X Class B 'X Pace Setter lite		
7-7/8	4-1/2"	ifter recovery of total volume o	load oil and must	Xeoudias Sr exceed top allow		
7. TEST DATA AND REQUEST FO	able for this de	epth or be for full 24 hows)				
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pur	np, gas lift, etc.)			
01-24-85	02-06-85	Casing Pressure	Choke	Size		
Length of Test 24 hrs.	550	1100		5/64"		
Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas - M			
1205	137	20	30)7		
<u> </u>						
GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity	of Condensate		
Actual Prod. 1001-MCF/D						
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-is)	Casing Pressure (Shut-in	Choke	Size		
	·	<u> </u>		00141101		
I. CERTIFICATE OF COMPLIAN	CE	3-5-55 OIL COM	ISERVATION I	1305		
		II ADDROVED				
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given		Original Signed by FRANK T. CHAVEZ				
above is true and complete to the	e best of my knowledge and belief.	1		OR DISTRICT # 3		
	. /	TITLE				
Maran	Laur	This form is to be	filed in complian	ace with RULE 1104.		
rance	RUU J			r a newly drilled or deepens a tabulation of the deviation with must 111.		
17:-	áture)	Il seems taken on the Wel	IN SECOLORUCA A	4470 MARR		
Authorize# Age	nt	II atta an many and tecom	Plater Aalie.	lied out completely for allow		
02/07/85	-	11		nd VI for changes of owner her such change of condition		
		II Litt out and acc	·	POP BILLY CHENGS OF CONTROL		

