

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN DUPLICATE*

(See other In-
structions on
reverse side)

Budget Bureau No. 1004-0137
Expires August 31, 1985

WELL COMPLETION OR RECOMPLETION REPORT AND LOG*

1a. TYPE OF WELL: OIL WELL ☒ GAS WELL ☐ DRY ☐ Other ☐

b. TYPE OF COMPLETION: NEW WELL ☐ WORK OVER ☒ DEEP-EN ☐ PLUG BACK ☐ DIFF. RESVR. ☐ Other ☐

2. NAME OF OPERATOR
Mobil Oil Corporation

3. ADDRESS OF OPERATOR
P.O. Drawer G, Cortez Co 81321

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)*

At surface
990' FSL, 990' FWL
At top prod. interval reported below
Same
At total depth
Same

14. PERMIT NO. DATE ISSUED

5. LEASE DESIGNATION AND SERIAL NO.
SF-080472

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Cullins Federal

9. WELL NO.
4

10. FIELD AND POOL, OR WILDCAT

West Lindrith Gallup/Dakota
11. SEC., T., R., M., OR BLOCK AND SURVEY
OR AREA
*Section 4, T24N, R34W
NMPM*

12. COUNTY OR
PARISH
Rio Arriba

13. STATE
N.M.

15. DATE SPUDDED 16. DATE T.D. REACHED 17. DATE COMPL. (Ready to prod.) 18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* 19. ELEV. CASINGHEAD

12-22-88

GL: 6975

20. TOTAL DEPTH, MD & TVD 21. PLUG, BACK T.D., MD & TVD 22. IF MULTIPLE COMPL., HOW MANY* 23. INTERVALS DRILLED BY ROTARY TOOLS CABLE TOOLS

7850'

6677' (Temp)

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*

6526-6642' Gallup A/B

25. WAS DIRECTIONAL
SURVEY MADE

26. TYPE ELECTRIC AND OTHER LOGS RUN

Spectral gamma rig, micro-seismic

27. WAS WELL CORED

28. CASING RECORD (Report all strings set in well)

CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
<i>9-5/8"</i>	<i>36#</i>	<i>415'</i>		<i>400 SX</i>	
<i>5-1/2"</i>	<i>23#</i>	<i>7850'</i>		<i>925 SX 1-1 Talc @ 7850'</i>	
				<i>and 1600 SX Trinity 1'</i>	
				<i>@ 5791'</i>	

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	BACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)
<i>None</i>							

31. PERFORATION RECORD (Interval, size and number)

Gallup A/B 6526-6642' 4-1/2" SPF
Gallup C 6694-6754' 1-1/2" SP2F
Dakota 7476-96' 1-1/2" SP2F; 7513-17'
7534-38', 7578-84', 7655-82'-1-1/2" SPF.

32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
<i>6526-6642'</i>	<i>Frac 163182 gals x-link gel,</i>
	<i>10000# 100 mesh, 350910# 16/20</i>
<i>6694-6754'</i>	<i>Frac 96407 gals x-link gel,</i>
	<i>10000# 100 mesh, 254849# 16/30</i>

33. PRODUCTION

DATE FIRST PRODUCTION *12-22-88* PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) *Pumping* WELL STATUS (Producing or shut-in) *Producing*

DATE OF TEST *Jan 4, 89* HOURS TESTED *24* CHOKE SIZE *-* PROD'N. FOR TEST PERIOD *→* OIL—BBL. *33* GAS—MCF. *61* WATER—BBL. *46* GAS/OIL RATIO *1848*

FLOW. TUBING PRESS. *-* CASING PRESSURE *-* CALCULATED 24-HOUR RATE *→* OIL—BBL. *33* GAS—MCF. *61* WATER—BBL. *46* OIL GRAVITY-API (CORR.)

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)

Sold

TEST WITNESSED BY

35. LIST OF ATTACHMENTS

36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records

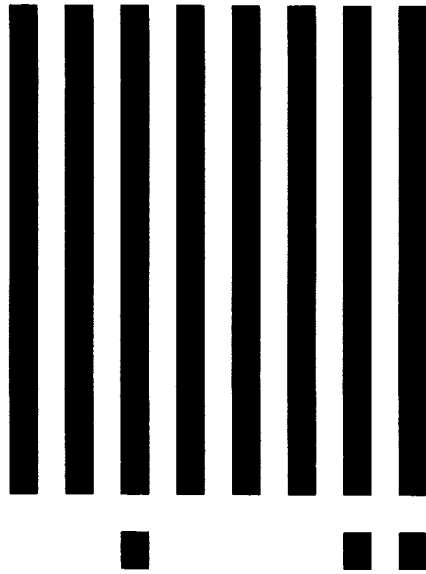
SIGNED

[Signature]

TITLE *Sr Staff Operations Engr.*

DATE *Jan 6, 89*

*(See Instructions and Spaces for Additional Data on Reverse Side)



LTR



Job separation sheet

Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

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

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

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Form OCM
Revised 1-1-89
See Instructions
at Bottom of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Mobil Producing TX. & N.M. Inc., Thru Its Agent Mobil Expl. & Prod. U.S. Inc.		Well API No.
Address P.O. Box 633 Midland, Texas 79702		
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Operator <input type="checkbox"/>		Other (Please explain) TO CHANGE OIL/CONDENSATE GATHER TO GARY WILLIAMS ENERGY COPR. EFFECTIVE 6-1-90
Change is 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 Cullins-Federal	Well No. 4	Pool Name, Including Formation W Lindrith-Gallup Dakota	Kind of Lease State, Federal or Fee	Lease No. SF-080472
Location Unit Letter <u>M</u> : <u>1084</u> Feet From The <u>S</u> Line and <u>1046</u> Feet From The <u>W</u> Line 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"/> Gary-Williams Energy Cor.	Address (Give address to which approved copy of this form is to be sent) Rep. Pl., 370 17th Ste. 5300, Den. CO. 80202				
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				
If well produces oil or liquids, give location of tanks.	Unit D	Sec. 4	Twp. 24N	Rge. 3W	Is gas actually connected? 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
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	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

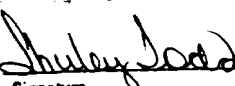
OIL CON. DIV

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
SHIRLEY DODD

Printed Name
6-8-90

Date

MOBILE EXPLORATION & PRODUCTION

HEADQUARTERS - SOUTHWEST

Title
(915)688-2585

Telephone No.

OIL CONSERVATION DIVISION

Date Approved JUN 11 1990

By Shirley Dodd
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 multistage completed wells.

