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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

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-11.  
Effective 1-1-85

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NOV 20 1985

OIL CON. DIV.

DIST. 3

Operator Mobil Producing Texas & New Mexico Inc.	
Address 9 Greenway Plaza, Suite 2700, Houston, Texas 77046	
Reason(s) for filing (Check proper box)	
New Well <input checked="" 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 type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please explain)	

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Lindrith B Unit	Well No. 28	Pool Name, including Formation W. Lindrith Gallup-Dakota	Kind of Lease State, Federal or Fee Federal	Lease No. SF-078913
Location Unit Letter C : 610 Feet From The North Line and 1880 Feet From The West				
Line of Section 16 Township 24-N Range 3-W, 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"/> The Permiana Corp.	Address (Give address to which approved copy of this form is to be sent) Box 1183, Houston, Tx 77001	
Name of Authorized Transporter of Casinghead Gas <input 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) Box 1492, El Paso, TX 79978	
If well produces oil or liquids, give location of tanks.	Unit 16	Sec. 24
	Temp. 24	Pge. 3
	Is gas actually connected? No	

If this production is commingled with that from any other lease or pool, give commingling order number:

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 8-26-85	Date Compl. Ready to Prod. 10-31-85		Total Depth 7665		P.B.T.D. 7627			
Elevations (DF, RKB, RT, CR, etc.) KB - 6881	Name of Producing Formation Dakota		Top Oil/Gas Pay 7272		Tubing Depth 7200			
Perforations 7272-7494 OA					Depth Casing Shoe			

TUBING, CASING, AND CEMENTING RECORD

MOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
1 7/8	13-3/8	390	500X
1 1/2	8-5/8	3293	477X
1-1/8	5-1/2	7665	2000X

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 10-31-85	Date of Test 11-7-85	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hours	Tubing Pressure 270	Casing Pressure 0	Choke Size 18/64
Actual Prod. During Test	Oil-Bbls. 128	Water-Bbls. 18	Gas-MCF 354

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate 45.0 60°
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.

Nancy Lewis  
(Signature)  
Authorized Agent  
(Title)  
11-18-85  
(Date)

OIL CONSERVATION COMMISSION

DEC 11 1985

APPROVED  
BY Original Signed by FRANK T. CHAVEZ  
SUPERVISOR DISTRICT # 3

TITLE  
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