

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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| LAND OFFICE | |
| TRANSPORTER | OIL |
| OPERATOR | GAS |
| PRODUCTION OFFICE | |

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 05-01-83
Page 1

3084/V
RECEIVED
JUN 23 1986
OIL CON. DIV.
DIST. 3

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

| | |
|---|--|
| Operator Mobil Producing TX & NM Inc. | |
| Address 9 Greenway Plaza, Suite 2700, Houston, TX 77046 | |
| Reason(s) for filing (Check proper box) | Other (Please explain) |
| <input checked="" type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership | Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Gas <input type="checkbox"/> Condensate |

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|---|----------------|---|--|------------------------|
| Lease Name LINDRITH "B" UNIT | Well No. 38 | Pool Name, including Formation Undesignated - Gallup | Kind of Lease State, Federal or Fee Federal | Lease No. SF-078907 |
| Location Unit Letter <u>K</u> : <u>1850</u> Feet From The <u>South</u> Line and <u>1850</u> Feet From The <u>North</u> Line of Section <u>4</u> Township <u>24-N</u> Range <u>2W</u> , NMPM, <u>Rio Arriba</u> 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 Permian Corporation Permian (Eff. 9 / 1 / 87) | Address (Give address to which approved copy of this form is to be sent) Box 1183, Houston, TX 77001 | |
| Name of Authorized Transporter of 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) Box 1492, El Paso, TX 79978 | |
| If well produces oil or liquids, give location of tanks. | Unit 4 | Sec. 24 |
| | Twp. 24 | Rgs. 2 |
| | Is gas actually connected? Yes | When 6-12-86 |

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

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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 is true and complete to the best of my knowledge and belief.

Nancy Lewis
(Signature)
Authorized Agent
(Title)
6-20-86
(Date)

OIL CONSERVATION DIVISION

APPROVED JUN 23 1986
BY Original Signed by FRANK T. CHAVEZ
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.

IV. COMPLETION DATA

| | | | | | | | | | |
|---|---------------------------------------|---------------|-------------------------|---------------|---------------------------|-------------------|-----------|-------------|--------------|
| Designate Type of Completion - (X) | | Oil Well X | Gas Well | New Well X | Workover | Deepen | Plug Back | Same Res'v. | Diff. Res'v. |
| Date Spudded 11-14-85 | Date Compl. Ready to Prod. 6-03-86 | | Total Depth 7100 | | P.B.T.D. 6900 | | | | |
| Elevations (DF, RKB, RT, GR, etc.) KB - 7162 | Name of Producing Formation Gallup | | Top Oil/Gas Pay 6921 | | Tubing Depth SN @ 6839 | | | | |
| Perforations 6624-6745, 6807-6847 | | | | | | Depth Casing Shoe | | | |

TUBING, CASING, AND CEMENTING RECORD

| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
|-----------|----------------------|-----------|--------------|
| 17½ | 13-3/8 | 400 | 450 SX |
| 12½ | 8-5/8 | 3425 | 1700 SX |
| 7-7/8 | 5½ | 7100 | 1900 SX |
| | 2-3/8 | 6839 | |

V. TEST DATA AND REQUEST FOR ALLOWABLE (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 6-03-86 | Date of Test 6-19-86 | Producing Method (Flow, pump, gas lift, etc.) Pumping | |
| Length of Test 24 hrs | Tubing Pressure | Casing Pressure | Choke Size |
| Actual Prod. During Test | Oil - Bbls. 37 | Water - Bbls. 25 | Gas - MCF 169 |

GAS WELL

| | | | |
|---------------------------------|---------------------------|---------------------------|-------------------------------------|
| Actual Prod. Test - MCF/D | Length of Test | Bbls. Condensate/MMCF | Gravity of Condensate 44.0 @ 60° |
| Testing Method (plot, back pr.) | Tubing Pressure (Shut-In) | Casing Pressure (Shut-In) | Choke Size |