

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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U.S.S.A.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PROMOTION OFFICE	

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. 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	Change in Transporter of:	
<input type="checkbox"/> 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

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

II. DESCRIPTION OF WELL AND LEASE

Lessee Name <u>Cullins Federal</u>	Well No. <u>5</u>	Pool Name, including Formation <u>W. Lindrith-Gallup/Dakota</u>	Kind of Lease State, Federal or Fee <u>Federal</u>	Lease No. <u>SF-0804</u>
Location				
Unit Letter <u>G</u>	<u>2150</u>	Feet From The <u>east</u>	Line and <u>2150</u>	Feet From The <u>north</u>
Line of Section <u>4</u>	Township <u>24N</u>	Range <u>3W</u>	<u>NMPM</u>	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"/> <u>The Permian Corporation Permian (Eff. 9 / 1 / 87)</u>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Box 1183, Houston, TX 77001</u>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>El Paso Natural Gas Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Box 1492, El Paso, TX 79978</u>
If well produces oil or liquids, give location of tanks.	Unit <u>G</u> Sec. <u>4</u> Twp. <u>24N</u> Rge. <u>3W</u>
Is gas actually connected?	When <u>8-19-86</u>

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.

Domingo Mayorga
(Signature)
Authorized Agent
(Title)
11-10-86
(Date)

OIL CONSERVATION DIVISION

APPROVED NOV 18 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 deviator 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 multiphase 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
Date Spudded 7-15-86	Date Compl. Ready to Prod. 9-16-86	Total Depth 8000			P.B.T.D. 7953				
Elevations (DF, RKB, RT, GR, etc.) KB-7158	Name of Producing Formation Gallup/Dakota	Top Oil/Gas Pay 7684			Tubing Depth SN @ 7896				
Perforations 7684-7874, 6786-6963						Depth Casing Shoe ---			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 $\frac{1}{2}$	8-5/8	439	400 SX
7-7/8	5 $\frac{1}{2}$	8000	915 SX
	2-3/8	SN @ 7896	

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 9-16-86	Date of Test 11-4-86	Producing Method (Flow, pump, gas lift, etc.) pumping	
Length of Test 24 hours	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls. 25	Water - Bbls. 7	Gas - MCF 91

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate 46.0
Testing Method (prior, back pr.)	Tubing Pressure (Shot-in)	Casing Pressure (Shot-in)	Choke Size