

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

3082/N  
RECEIVED  
APR 7 1987  
CON. DIV.  
DIST. 3

Form C-104  
Revised 10-01-78  
Form 08-01-83

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)

<input checked="" type="checkbox"/> New Well	Change in Transporter of:	Other (Please explain)
<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

Lease Name <u>Lindrith "B" Unit</u>	Well No. <u>72</u>	Pool Name, including Formation <u>Gavilan Extension (Gallup)</u>	Kind of Lease State, Federal or Fee <u>Federal</u>	Lease No. <u>SF-07890</u>
Location				
Unit Letter <u>A</u>	: <u>990</u>	Feet From The <u>N</u>	Line and <u>990</u>	Feet From The <u>E</u>
Line of Section <u>8</u>	Township <u>24-N</u>	Range <u>2-W</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"/>	Address (Give address to which approved copy of this form is to be sent)
<u>The Permian Corporation Permian (Eff. 9 / 1 / 87)</u>	<u>Box 1183, Houston, TX 77001</u>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>El Paso Natural Gas Co.</u>	<u>Box 1492, El Paso, TX 79978</u>
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	<u>8 24 2 Yes 4-7-87</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.

Nancy Lewis  
(Signature)

Authorized Agent

4-6-87  
(Date)

OIL CONSERVATION DIVISION

APPROVED APR 7 1987  
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 multiple completed wells.

#### IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res.
		X		X					
Date Spudded 11-21-86	Date Compl. Ready to Prod. 3-30-87	Total Depth 7146				P.B.T.D. 7060			
Elevations (DF, RKB, RT, CR, etc.) GR-7206	Name of Producing Formation Gallup	Top Oil/Gas Pay 6610				Tubing Depth SN @ 6988			
Perforations 6610-6758, 6811-6895, 6910-6986						Depth Casing Shoe			
<b>TUBING, CASING, AND CEMENTING RECORD</b>									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
12 1/4	9 5/8		438		325				
7 7/8	5 1/2		7146		1295				
	2 3/8		SN @ 6988						

#### 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 3-30-87	Date of Test 4-2-87	Producing Method (Flow, pump, gas lift, etc.) Pump 2 x 1 1/4 x 16	
Length of Test 24 hr.	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls. 14.0	Water - Bbls. 17	Gas - MCF 35

#### GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate 45.0 @ 60°
Testing Method (flow, back pr.)	Tubing Pressure (Shut-In)	Casing Pressure (Shut-In)	Choke Size