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1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Dept.

OIL CONSERVATION DIVISION

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

RECEIVED

JAN 12 1990

Form C-104
Revised 1-1-89
See Instructions
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REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

OIL CON. DIV.

DIST. 3

I.

Operator <u>Mobil Producing TX + N.M., Inc.</u>	Well No. <u>30-039-24331</u>
Address <u>P.O. Box 185, Bloomfield, NM 87413</u>	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
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 Operator <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 <u>Schmitz Federal 34</u>	Well No. <u>3</u>	Pool Name, Including Formation <u>W. Pto. Chiquito/Gallup</u>	Kind of Lease State, Federal or Fee <u>FFE</u>	Lease No.
Location Unit Letter <u>J</u> : <u>1800</u> Feet From The <u>South</u> Line and <u>1800</u> Feet From The <u>East</u> Line Section <u>34</u> Township <u>24N</u> Range <u>1W</u> , <u>NMPM</u> , <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"/> <u>Permian Corp.</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 1183, Houston, TX 70978</u>					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>El Paso Nat. Gas Co.</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>J</u>	Sec. <u>34</u>	Twp. <u>24N</u>	Rge. <u>1W</u>	Is gas actually connected? <u>NO</u>	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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Resv	Diff Resv
Date Spudded <u>1-29-89</u>	Date Compl. Ready to Prod. <u>4-8-89</u>	Total Depth <u>7850'</u>	P.B.T.D. <u>7798'</u>					
Elevations (DF, RKB, RT, GR, etc.) <u>GR. 7274', KB 7286'</u>	Name of Producing Formation <u>Gallup "C"</u>	Top Oil/Gas Pay <u>6604'</u>	Tubing Depth <u>7850'</u>					
Perforations <u>6604'-6663', 1 Shot/Foot, 60 Holes</u>			Depth Casing Shoe <u>7850'</u>					

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE <u>12-1/4"</u>	CASING & TUBING SIZE <u>9-5/8"</u>	DEPTH SET <u>415'</u>	SACKS CEMENT <u>280s x CL "B"</u>
<u>7-7/8"</u>	<u>5-1/2"</u>	<u>7850'</u>	<u>1150s x LITE</u>

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 <u>4-8-89</u>	Date of Test <u>5-7-89</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Pump</u>	
Length of Test <u>24 hrs</u>	Tubing Pressure <u>50#</u>	Casing Pressure <u>50#</u>	Choke Size <u>open</u>
Actual Prod. During Test	Oil - Bbls. <u>3</u>	Water - Bbls. <u>3</u>	Gas - MCF <u>Ø</u>

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (prior, 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.

P.C. Adams

Signature
P.C. Adams Regulatory Engr. Tech.
Printed Name Title
5-15-89 303-298-2104
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved JAN 12 1990

By ORIGINAL SIGNED BY ERNIE BUSCH

Title DEPUTY OIL & GAS INSPECTOR, DIST. #3

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 multiply completed wells.

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