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Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Mobil Producing TX. & N.M. Inc.		Well API No. 30-039-24513
Address P. O. BOX 633, Midland, TX 79703		
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 ARROYO BLANCO 23	Well No. 1	Pool Name, Including Formation W.PUERTO CHIQ. MANCOS/GALLUP	Kind of Lease FED. State, Federal or Fee	Lease No. NM-03453
Location Unit Letter K : 2047 Feet From The SOUTH Line and 1975 Feet From The WEST Line Section 23 Township 24N Range 1W, NMPM, RIO ARRIBA County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil PERMIAN CORP. <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 1348, FARMINGTON, NM 87499					
Name of Authorized Transporter of Casinghead Gas NA <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit K	Sec. 23	Twp. 24N	Rge. 1W	Is gas actually connected? NO	When ? NA

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 X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 11/21/89	Date Compl. Ready to Prod. 1/18/90		Total Depth 6806'		P.B.T.D. 6763'			
Elevations (DF, RKB, RT, GR, etc.) GR. 7159'	Name of Producing Formation GALLUP		Top Oil/Gas Pay 6287'		Tubing Depth 6207'			
Perforations 6287'-6605' OVERALL					Depth Casing Shoe 6806'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	9-5/8"		412'		250			
8-3/4", 7-7/8"	5-1/2"		6806'		1850			
	2-7/8"		6223'		NA			

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 1/18/90	Date of Test 1/18/90	Producing Method (Flow, pump, gas lift, etc.) PUMPING	
Length of Test 24 HRS.	Tubing Pressure 50	Casing Pressure 50	Choke Size OPEN
Actual Prod. During Test	Oil - Bbls. 4	Water - Bbls. 97	Gas - MCF 39

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Quality of Condensate
Testing Method (pilot, 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 herein is true and complete to the best of my knowledge and belief.

P. C. Adams

Signature
P. C. ADAMS
Printed Name
2-7-90
Date
REG. ENGR. TECH.
(303) 298-2104
Telephone No.

OIL CONSERVATION DIVISION

APR 16 1990

Date Approved

By

Supervisor

SUPERVISOR DISTRICT #3

Title

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.