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1000 Rio Brazos Rd., Aztec, NM 87410

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Mobil Producing Tx & N.M. Inc.	Well API No. 30-093-25066
Address c/o Mobil Exploration & Producing US Inc. P.O. Box 633, Midland, Tx 79702	
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 Lindrith B Unit	Well No. 73	Pool Name, Including Formation W. Lindrith Gallop/Dakota	Kind of Lease State, (Federal) or Fee	Lease No. SF-078907
Location Unit Letter L : 2030 Feet From The South Line and 143 Feet From The West Line Section 6 Township 24N Range 2W, NMPM, 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"/> Gary Williams Energy Corporation	Address (Give address to which approved copy of this form is to be sent) Rep. Pl. 370, 17 St., Ste 5300, Denver, CO 80202					
Name of Authorized Transporter of Casinghead Gas <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	Sec.	Twp.	Rge.	Is gas actually connected?	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	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 6-26-91	Date Compl. Ready to Prod. 8-11-91	Total Depth 7893	P.B.T.D. 7870					
Elevations (DF, RKB, RT, GR, etc.) GL - 7032	Name of Producing Formation Dakota	Top Oil/Gas Pay 7738	Tubing Depth 7622					
Perforations 7738 - 7767			Depth Casing Shoe 7893					
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
17 1/2	13 3/8	478	560x CL B					
8 3/4	5 1/2	7893	2250x 65/35					
	2 7/8	7622	250x CL H; 100x CL B Neat					

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 8-11-91	Date of Test 8-14-91	Producing Method (Flow, pump, gas lift, etc.) Pump 2 1/2" x 1 3/4" x 24	
Length of Test 24	Tubing Pressure 140	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls. 125	Water - Bbls. 33	Gas - MCF 76

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/M	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	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.

Signature
Shirley Todd
Printed Name
8-14-91
Date
Env. & Reg. Tech
(915) 688-2585
Title
Telephone No.

OIL CONSERVATION DIVISION

Date Approved AUG 16 1991

By Original Signed by FRANK T. CHAVEZ

Title SUPERVISOR DISTRICT # 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.