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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 TEXAS & NEW MEXICO INC.		Well API No. 30-039-25168
Address % MOBIL EXPLORATION & PRODUCING US INC P O BOX 633 Midland, TX 79702		
Reason(s) for Filing (Check proper box) 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 MILLER COM	Well No. 1	Pool Name, Including Formation Lindrith Dakota EXT	Kind of Lease State, Federal or Fee	Lease No.
Location Unit Letter G : 1835 Feet From The NORTH Line and 1990 Feet From The EAST Line Section 17 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, 17th St. Ste 5300 Denver, CO 80202					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas	Address (Give address to which approved copy of this form is to be sent) P O Box 1492 El Paso, TX 79978					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected? Yes	When? 6-11-92

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 Res'v	Diff Res'v
Date Spudded 4-28-92	Date Compl. Ready to Prod. 6/13/92	Total Depth 7903	P.B.T.D. 7850					
Elevations (DF, RKB, RT, GR, etc.) 7163	Name of Producing Formation Dakota	Top Oil/Gas Pay 7660	Tubing Depth SN @ 7553					
Perforations 7660-7694			Depth Casing Shoe 7903					
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
17 1/2	13 3/8	460	550sx CL 'G'					
11 & 8 3/4	7	7903	1880sx CL 'G'					
		2 7/8	SN @ 7553					

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 6/13/92	Date of Test 7/8/92	Producing Method (Flow, pump, gas lift, etc.) PUMP 2 1/2 x 1 3/4 x 34'	
Length of Test 24 HR	Tubing Pressure 150	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls. 37	Water - Bbls. 3	Gas - MCF 18

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity 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 given above is true and complete to the best of my knowledge and belief.

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

OIL CONSERVATION DIVISION

Date Approved JUL 14 1992

By Original Signed by CHARLES GHOLSON

Title DEPUTY OIL & GAS INSPECTOR

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.