## OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.			ISPORT OIL			AS				
Operator Mobil Producing TX. & N.A		Well API No.								
Address P.O. Box 633 Midland	, Texas 79	702								
Reason(s) for Filing (Check proper bo				Ou	ver (Please expl	ain)				
New Well		Change in T	nanaporter of:		TO CHANGE OIL/CONDENSATE GATHER TO GARY					
Recompletion	Oil		Dry Gas		WILLIAMS ENERGY COPR. EFFECTIVE 6-1-90					
Change in Operator	Casinghead		condensate							
If change of operator give name										
and address of previous operator										
•	T AND TEA	CE								
L DESCRIPTION OF WELL AND LEASE  Well No.   Pool Name, Inc.				ding Formation Kind			of Lease No.			
Lease Name		W ELI 140.	OOI I MILES, I DOLLAR	16 85 E. Ver	ł C.		Federal or Fe			
Cheney Federal			Blanco '	Verde 4	ac					
Location Unit LetterM	. 900	F	eet From The	S Lie	e and99	<u> </u>	et From The	W	Line	
Section 8 Town	unhip 26-N	R	tange 2-W	,N	MPM, R	io Arr	iba		County	
III. DESIGNATION OF TR	ANSPORTE	R OF OIL	AND NATU	RAL GAS						
Name of Authorized Transporter of Oi		or Condensa		Address (Gi	e address to wi	hich approved	copy of this fe	orm is to be se	int)	
•		Address (Give address to which approved copy of this form is to be sent)  Rep. Pl., 370, 17St. Ste. 5300, Den. C080202								
Gary-Williams Eng. Name of Authorized Transporter of Co.	rgy Cor	y Cor head Gas or Dry Gas X			ne address to wi					
				1		• •			-	
Northwest Pipelin				1295 Ch	ipeta V y connected?	Vay Sal When		City,	UT 8411	
if well produces oil or liquids, give location of tanks.	Unit     M	•		to has actual	y COMPANIES!	i i mues	•			
			26N   2-W_	<u> </u>	<b>.</b>			<del></del>	<del></del>	
If this production is commingled with the	hat from any othe	r lease or po	ot, gave commungs	ing order num	ber:					
IV. COMPLETION DATA				1 33 33.4	· · · · · · · · · · · · · · · · · · ·	(				
Designate Type of Completic	on - (X)	Oil Well	Gas Well	New Well	Workover 	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compl	Date Compl. Ready to Prod.			Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.) Name of Producing For			nation	Top Oil/Gas	Pay		Tubing Depth			
Perforations				<u> </u>	· · · · · · · · · · · · · · · · · · ·		Depth Casing Shoe			
							<u> </u>			
TUBING, CASING ANI				CEMENTI	NG RECOR	D				
HOLE SIZE	CAS	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT		
			_					<del></del>		
V. TEST DATA AND REQU	EST FOR A	LLOWAR	BLE							
OIL WELL (Test must be after	er recovery of lou	al volume of	load oil and must					or full 24 hou	rs.)	
Date First New Oil Run To Tank	Date of Test	:		Producing M	ethod (Flow, pu	emp, gas lift, e	ic.)			
				ļ			20 E	INE	<u> </u>	
Length of Test	Tubing Pres	Tubing Pressure			Casing Pressure			E.A.E. G.		
Actual Prod. During Test	Oil - Bbls.	Oil - Bbls.			Water - Bbls.			JUN <b>1 1</b> 1990		
GAS WELL				L		^	II COI	N. DIV	1.	
Actual Prod. Test - MCF/D	Length of T	esi		Bbis. Conde	sate/MMCF		Gravity of	codestate		
						DI31. 9				
Testing Method (pilot, back pr.)	Tubing Pres	aure (Shut-in	)	Casing Press	ure (Shut-ia)		Choke Size			
A ODER ATOR CERTIFIE	TC A TTE OF	COLOT	TANCE	1			<u> </u>			
VI. OPERATOR CERTIF				11 6	OIL CON	<b>ISERV</b>	NOITA	DIVISIO	N	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above										
Division have been complied with a is true and complete to the best of n	ng knowledge an	nation given d belief.	ADOVE	Date	Approve	d	JUN	1 1 199	0	
Mula Dodd					, , ,pp1046	<u> </u>		$\sim$		
Signature SHIRLEY TOOD	MODIL SX	PLORUTION 3 per	Diegrap gramme	By_			٠.٠٠٠	Thom	<b>8</b>	
Printed Name		(915)688	idé marana	Title		<b>\$</b> L	IPERVISO	OR DISTR	RICT #3	
6-8-90 Dua			-2585 lone No.							
Date		·		14						

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) Senarate Form C-104 must be filed for each mool in multiply completed wells.