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OCT 1 8 1988

Form C-104
Revised 10-01-78
Format 08-01-83
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STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

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SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator	Mobil Producing TX & NM Inc.
Address	P. O. Box 5444, Denver, CO 80217-5444
Reason(s) for filing (Check proper box)	Other (Please explain)
<input checked="" type="checkbox"/> New Well	
<input type="checkbox"/> Recompletion	
<input type="checkbox"/> Change in Ownership	
Change in Transporter of:	
<input checked="" type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Casinghead Gas	<input type="checkbox"/> Condensate

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Cheney Federal B	1	Gavilan Mancos - Gallup	Federal State, Federal or Fee	NM-046
Location				
Unit Letter	A	790	Feet From The	North
			Line and	990
			Feet From The	East
Line of Section	8	Township	26N	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"/>	Address (Give address to which approved copy of this form is to be sent)					
Permian Corporation	P. O. Box 1183, Houston, TX 70978					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Northwest Pipeline Corp.	295 Chipeta Way, Salt Lake City, UT 84101					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rgs.	Is gas actually connected?	When
	A	8	26N	2W	No	

If this production is commingled with that from any other lease or pool, give commingling order number:

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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 is true and complete to the best of my knowledge and belief.

R L Brisbin
(Signature)

Authorized Agent
(Title)

October 17, 1988
(Date)

OIL CONSERVATION DIVISION

APPROVED

BY

TITLE

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for allowable on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.
Separate Forms C-104 must be filed for each pool in multiply completed wells.

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 6/30/88	Date Compl. Ready to Prod. 9/23/88		Total Depth 8200		R.B.T.D. 7840				
Elevations (DF, RKB, RT, GR, etc.) 7141 GR	Name of Producing Formation Gallup		Top Oil/Gas Pay 7000		Tubing Depth				
Perforations 7000-7112 and 7186-7316						Depth Casing Shoe 8200			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4		8 5/8, 32#, K55, LTC		443		375			
7 7/8		5 1/2, 17#, K55, LTC		8200		755 & 595			
---		----		----		250 & 300			
		2 7/8"		6830					

V. TEST DATA AND REQUEST FOR ALLOWABLE (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 Tanks 9/25/88	Date of Test 10/14/88	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hr.	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test 42 BO	Oil - Bbls. 42 BO	Water - Bbls. 9 BW	Gas - MCF 830 MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (prod, back pr.)	Tubing Pressure (Shut-In)	Casing Pressure (Shut-In)	Choke Size