

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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<br>Mobil Producing TX. & N.M. Inc., Thru its Agent Mobil Expl. & Prod. U.S. Inc.   |  | Well AP No.   |
| Address<br>P.O. Box 633 Midland, Texas 79702  |  |   |
| Reason(s) for Filing (Check proper box)<br>New Well <input type="checkbox"/> Change in Transporter of:<br>Recompletion <input type="checkbox"/> Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/><br>Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> |  | Other (Please explain)<br>TO CHANGE OIL/CONDENSATE GATHER TO GARY<br>WILLIAMS ENERGY COPR. EFFECTIVE 6-1-90 |
| If change of operator give name<br>and address of previous operator   |  |   |

II. DESCRIPTION OF WELL AND LEASE

|  |               |  |                         |                      |
|--|---------------|--|-------------------------|----------------------|
| Lease Name<br>Ramenta, Etal  | Well No.<br>1 | Pool Name, Including Formation<br>Basin Dakota | Kind of Lease<br>Indian | Lease No.<br>IND-846 |
| Location<br>Unit Letter <u>I</u> : <u>1450</u> Feet From The <u>E</u> Line and <u>1450</u> Feet From The <u>S</u> Line<br>Section <u>13</u> Township <u>27N</u> Range <u>9W</u> , <u>NMPM</u> , <u>San Juan</u> 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"/><br>Gary-Williams Energy Cor.       | Address (Give address to which approved copy of this form is to be sent)<br>Rep. Pl., 370 17th St., Ste. 5300, Den CO 80202 |      |      |      |                            |       |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/><br>El Paso Natural Gas Co. | Address (Give address to which approved copy of this form is to be sent)<br>P.O. Box 1492, El Paso, Texas 79978             |      |      |      |                            |       |
| If well produces oil or liquids,<br>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                    | Gas Well | New Well        | Workover | Deepen            | Plug Back | Same Res'v | Diff Res'v |
| Date Spudded                        | Date Compl. Ready to Prod.  |          | Total Depth     |          | P.B.T.D.          |           |            |            |
| Elevations (DF, RKB, RT, GR, etc.)  | Name of Producing Formation |          | Top Oil/Gas Pay |          | Tubing Depth      |           |            |            |
| Perforations                        |                             |          |                 |          | Depth Casing Shoe |           |            |            |
| TUBING, CASING AND CEMENTING RECORD |                             |          |                 |          |                   |           |            |            |
| HOLE SIZE                           | CASING & TUBING SIZE        |          | DEPTH SET       |          | SACKS CEMENT      |           |            |            |
|                                     |                             |          |                 |          |                   |           |            |            |
|                                     |                             |          |                 |          |                   |           |            |            |
|                                     |                             |          |                 |          |                   |           |            |            |

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 | Date of Test    | Producing Method (Flow, pump, gas lift, etc.) |                         |
| Length of Test                 | Tubing Pressure | Casing Pressure                               | RECEIVED<br>JUN 11 1990 |
| Actual Prod. During Test       | Oil - Bbls.     | Water - Bbls.                                 |                         |

GAS WELL

|                                  |                           |                           |  |
|----------------------------------|---------------------------|---------------------------|--|
| Actual Prod. Test - MCF/D        | Length of Test            | Bbls. Condensate/MMCF     | OIL CON. DIV<br>JUN 11 1990<br>DIST. 3 |
| Testing Method (pilot, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) |  |

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.

Shirley Todd  
Signature

SHIRLEY TODD

Printed Name

6-8-90

Date

MOBILE PRODUCTION

AGENT FOR NEUTRAL

Title

(915)688-2585

Telephone No.

OIL CONSERVATION DIVISION

JUN 11 1990

Date Approved

By

Shirley Todd  
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.

RECEIVED  
JAN 11 1964

U.S. AIR FORCE

OUT COM. DIV.  
2111