Appropriate District Office DISTRICT I P.O. Box 1960, Hobbs, NM 88240

Energy, Minerals and Naniral Resources Department

Keytood 1-1-89 See Instructions at Bottom of Page

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III

P.O. Drawer DD, Ameria, NM 84210

| 000 Rio Bessos Rd., Aziec, NM 87410  | REQU  | JEST FO                                 | OR A<br>UNSP                  | ORT OIL                   | AND NA        | TURAL GA                               | <b>AS</b>                              |                          |  |                     |  |
|--|---|---|-------------------------------|---------------------------|---------------|--|--|--------------------------|--|---------------------|--|
| Operator Mobil Producing TX. & N.M. Inc., Thru its Agent Mobil Expl. &   |   |   |                               |                           |               | Well API No.                           |  |                          |  |                     |  |
| Nobil Producing TX. & N.M  | . Inc., Thr   | u its Ag                                | ent N                         | lobii Expi.               | & Prod.       | U.s. Inc.                              |  |                          |  | <del></del>         |  |
| Adress<br>2.0. Box 633 Midland,  | Texas 79  | 9702                                    |                               |                           |               |  |  |                          |  |                     |  |
| asson(s) for Filing (Check proper box  |   |   |                               |                           |               | et (Please expl                        |  |                          | _                                      |                     |  |
| lew Well   |   | Change is                               | Тимер                         | orter of:                 | TC            | CHANGE C                               | XL/CONDE                               | NSATE GA                 | THER TO                                | GARY                |  |
| ecompletice  | <b>5</b> 0 |   |                               |                           |               | WILLIAMS ENERGY COPR. EFFECTIVE 6-1-90 |  |                          |  |                     |  |
|  | Casinghee   |   | Conde                         |                           |               |  |  |                          |  |                     |  |
| change in Operator L   |   |   |                               |                           |               |  |  |                          |  |                     |  |
| d address of bestions obsessor   |   |   |                               |                           |               |  |  |                          |  |                     |  |
|  | LANDLE  | ASE                                     |                               |                           |               |  |  |                          |  |                     |  |
| AND NAME   | ESCRIPTION OF WELL AND LEASE Well No.   Pool Name, lacked                               |   |                               |                           |               |  |  | Y Lease No.              |  |                     |  |
| Marshall   | 2 Basin-Da  |   |                               | sin-Dal                   | State.        |  |  | Federal or Fee SR-078357 |  |                     |  |
| Acetica  |   | <del>'</del>                            | 1                             |                           |               |  |  |                          |  |                     |  |
|  | . 1.4   | 50                                      | East E                        | ionen The                 | [A] Lin       | and145                                 | 0F                                     | et From The              | N                                      | Line                |  |
| Unit LetterF   | ;   | <u> </u>                                | _ , ~~ .                      |                           |               |  |  |                          |  |                     |  |
| Section 15 Towns   | ship 27   | N                                       | Range                         | 9W                        | , N           | MPM, Sa                                | in Juan                                |                          |  | County              |  |
|  |   |   |                               |                           |               |  |  |                          |  |                     |  |
| II. DESIGNATION OF TRA   | INSPORTE  | ER OF O                                 | IL AN                         | ND NATU                   | RAL GAS       |  | <del> </del>                           | 2.15                     |  |                     |  |
| fame of Authorized Transporter of Oil  | X   | or Conde                                | فلجدو                         |                           | Address (GIV  | e address to w                         |  |                          |  |                     |  |
| Gary-Williams Ene  |   | r                                       |                               |                           | Rep.Pl        | 370                                    | 17St.St                                | e 5300                   | ),Den.(                                | <del>.0</del> 80303 |  |
| isms of Authorized Transporter of Ca   | singhead Gas  |   | or Dr                         | y Cas 🖂                   |               | e address to w                         |  |                          |  |                     |  |
| El Paso Natural G  | as Co.  |   |                               |                           |               | ox 149                                 |  |                          | 'exas                                  | <del>79978</del> _  |  |
| well produces oil or liquids,  | Unit  | Sec.                                    | Twp                           | Rge.                      | is gas actual | y connected?                           | When                                   | 7                        |  |                     |  |
| ve location of tanks.  |   | <u> </u>                                | <u> </u>                      |                           | <u></u>       |  |  |                          |  |                     |  |
| this production is commingled with the   | us from any od  | her lease or                            | pool, g                       | ive comming!              | ing order sum | ber:                                   |  |                          |  |                     |  |
| V. COMPLETION DATA   |   |   |                               |                           |               | 1                                      | 1 2                                    | Dhua Baak                | Same Res'v                             | Diff Res'v          |  |
| To a of Completic  | ·· (Y)  | Oil Wel                                 | 1                             | Gas Well                  | New Well      | Workover                               | Deepen                                 | I Link beer              | Detrie yes                             | 1                   |  |
| Designate Type of Completion   |   |   |                               |                           | Total Depth   | <u> </u>                               | ــــــــــــــــــــــــــــــــــــــ | P.B.T.D.                 | ــــــــــــــــــــــــــــــــــــــ |                     |  |
| Date Spudded   | Date Com  | Date Compi. Ready to Prod.              |                               |                           |               |  |  |                          |  |                     |  |
|  |   | No. Acris a E                           |                               |                           | Top Oil/Gas   | Pay                                    |  | Tubing Dep               | oth                                    |                     |  |
| Elevations (DF, RKB, RT, GR, etc.)   | Name of I   | Producing F                             | Ommuc                         | <b>X</b> I                |               | •                                      |  | ,                        | ,                                      |                     |  |
|  |   |   |                               |                           | 1             |  |  | Depth Casi               | ng Shoe                                |                     |  |
| erforations  |   |   |                               |                           |               |  |  |                          |  |                     |  |
|  |   | TIDNO                                   | CAS                           | ING AND                   | CEMENT        | NG RECO                                | RD                                     |                          |  |                     |  |
|  |   | TUBING, CASING AND CASING & TUBING SIZE |                               |                           |               | DEPTH SET                              |  |                          | SACKS CEMENT                           |                     |  |
| HOLE SIZE  |   | 13110 8 1                               | CBING                         | . 0.22                    |               |  |  |                          |  |                     |  |
|  |   |   |                               |                           |               |  |  |                          |  |                     |  |
|  |   |   |                               |                           | <u> </u>      |  |  |                          |  |                     |  |
|  |   |   |                               |                           |               |  |  |                          |  |                     |  |
| . TEST DATA AND REQU   | FST FOR   | ALLOW                                   | ABLI                          | E                         | 1             |  |  |                          |  |                     |  |
| OH WELL Comment be of  | er recovers d   | total valum                             | e of load                     | –<br>d oil and must       | be equal to a | e exceed top al                        | lowable for th                         | is idepth or be          | for full 24 h                          | ours.)              |  |
| OIL WELL (Test must be after recovery of total volume of load oil and must  Date First New Oil Rus To Tank  Date of Test |   |   |                               |                           | Producing N   | lethod (Flow, p                        | nemp, gas lift,                        | etc.)                    |  |                     |  |
| DEED FOR 1464 ON 1662 10 1-  | )   |   |                               |                           |               |  |  |                          |  |                     |  |
| Leagth of Test   | Tubing P  | TESSURE                                 |                               |                           | Casing Pres   | er.                                    | A F                                    | Cholor Su                | 3                                      |                     |  |
| reaga: or 14-  |   |   |                               |                           |               | _,,                                    | . 18 18 . <u></u>                      | 1 3                      |  |                     |  |
| Actual Prod. During Test   | Oil - Bbl   | <b>6</b> .                              |                               |                           | Water - Bbi   | 4                                      |  | Gu- MC                   |  |                     |  |
|  |   |   |                               |                           |               | <u>_</u>                               | <del> </del>                           |                          |  |                     |  |
| 0.07771  |   |   |                               |                           |               |  | •                                      | 75b 73 A                 |  | •                   |  |
| GAS WELL   | (1 acreb a  | / Tari                                  |                               |                           | Bbls. Cond    | BEN MUCH                               | JUV.                                   | CH Wa                    | Condensate                             | <u> </u>            |  |
| Actual Prod. Test - MCF/D  | Lenguro   | Length of Test                          |                               |                           |               |  | DIST.                                  | 3                        |  |                     |  |
| - And Color book - )   | Tubing  | Tubing Pressure (Shut-in)               |                               |                           |               | aure (Shut-ia)                         |  | Choke Siz                | æ                                      |                     |  |
| Testing Method (pilot, back pr.)   |   |   |                               |                           |               |  |  |                          |  |                     |  |
|  |   |   |                               | NCE                       | 1             |  |  |                          | _                                      |                     |  |
| VL OPERATOR CERTIF   | ICATEO  | of COM                                  | IPLIA                         | ANCE                      |               | OIL CO                                 | NSERV                                  | <b>MOITA</b>             | IDIVIS                                 | ION                 |  |
| I hereby certify that the rules and t  | egulations of the   | ne Uti Com<br>Comption o                | ives sh                       | ove                       |               |  |  | <b>JUN 1</b> 1           | 1990                                   |                     |  |
| Division have been complied with it true and complete to the best of   | THE REPORTED THE  | and belief.                             | , , , , , , , ,               | ~.~                       | n=            | A A A A A A A A A A A A                | od                                     | JUIL T                   | 1000                                   |                     |  |
| If the secondary of the control  | ,   |   |                               |                           | Dai           | e Approv                               |  |                          | Λ                                      |                     |  |
| 14.10 11-12  |   |   |                               |                           | il _          |  | 7.                                     | L) E                     | Them!                                  | 7                   |  |
| Shaly share  |   |   | arical # 5                    | ~065410 J                 | By.           |  |  |                          |  |                     |  |
| Signature V<br>SHIRLEY TOOD  | 1   | MODEL EXPLOR<br>1 SOR THROLES           | д. оп чес<br><u>Фен. 2</u> 90 | <u>ନ୍ତିପ୍ରିୟିଟ (୧୯୯୯)</u> | ·1            |  | SUPE                                   | RVISOR                   | DISTRIC                                | T #3                |  |
| Printed Name   |   |   | Title                         | e                         | Titl          | e                                      |  |                          |  |                     |  |
| 6-8-90   |   | (915)                                   |                               |                           |               |  |  |                          |  |                     |  |
| Date   |   | Τ                                       | elephon                       | 16 NO.                    | 11            |  |  |                          |  |                     |  |

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 nool in multiply completed wells.