

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Charles Et Al	Well No. 1-E	Pool Name, Including Formation Bakken Basin Dak. Field	Kind of Lease Indian State, Federal or Fee	Lease No. 1-139-IND-8465
Location Unit Letter M : 1010 Feet From The S Line and 1130 Feet From The W Line Section 12 Township 27N Range 9W, NMPM, San Juan County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) Rep. Pl., 370 17St. Ste. 5300, Den. CO80202	
Gary-Williams Energy Cor.	Address (Give address to which approved copy of this form is to be sent) 295 Chipeta Way, Salt Lake City, UT 84110	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	When? Farmington, NM	
Northwest Pipeline Corporation EPG	Is gas actually connected?	
If well produces oil or liquids, give location of tanks.	Unit M	Sec. 12
	Twp. 27N	Rge. 9W

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 JUN 11 1990
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	

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  
6-8-90  
Date  
Title  
(915)688-2585  
Telephone No.

OIL CONSERVATION DIVISION

Date Approved JUN 20 1990

By [Signature]

Title SUPERVISOR DISTRICT 13

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.

**Submit 5 Copies**

**Appropriate District Office**

**DISTRICT I**

**P.O. Box 1980, Hobbs, NM 88240**

**State of New Mexico**  
**Energy, Minerals and Natural Resources Department**

**Form C-104**

**Revised 1-1-89**

**See Instructions**

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