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OIL CONSERVATION DIVISION
SANTA FE, NEW MEXICO

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ENERGY AND MINERALS DEPARTMENT

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PROBATION OFFICE	

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

Form C-104
Revised 10-01-78
Format 08-01-83
Page 1

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)
☒ New Well ☐ Recombination ☐ Change in Ownership
Change in Transporter of: ☐ Oil ☐ Casinghead Gas ☒ Dry Gas ☐ Condensate
Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name **CANDELARIO ET AL** Well No. **1-E** Pool Name, including Formation **BASIN DAKOTA** Kind of Lease **INDIAN** Lease No. **1-140-1**
Location **B 940** Feet From The **NORTH** Line and **1850** Feet From The **EAST**
Line of Section **1** Township **27N** Range **9W** NMPM **SAN JUAN** County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒ **THE PERMIAN OIL CORPORATION** Address (Give address to which approved copy of this form is to be sent) **P. O. Box 1183, HOUSTON TX 79978**
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒ **EL PASO NATURAL GAS COMPANY** Address (Give address to which approved copy of this form is to be sent) **P. O. Box 1402, EL PASO, TX 79973**
If well produces oil or liquids, 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 numbers

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.

Regulatory Compliance Manager

[Signature]
(Signature)

AUTHORIZED AGENT

SEPTEMBER 13, 1988

(Date)

OIL CONSERVATION DIVISION

APPROVED **SEP 15 1988**, 19

BY *[Signature]*

TITLE **SUPERVISION DISTRICT # 3**

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.

UNITED STATES
DEPARTMENT OF INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT ON TRIPLICATE

5. Lease Designation And Serial No.
1-149-IND-6423
6. Indian, Allottee Tribe Name
Cardenas et al (Navajo)
7. Unit Agreement Name

SUNDRY NOTICES AND REPORTS ON WELLS

1. Oil Well () Gas Well (X) Other

2. Name Of Operator

Mobil Producing TX & NM Inc., Mobil Exploration and Producing U.S. Inc. Agent

3. Address Of Operator

P. O. Box 8144, Denver, CO 80267-8144

4. Location Of Well

8. Range Or Lease Name

Candelaria Well

9. Well No.

10

10. Field And Sect. In Which

Section Is Located

11. Sect. Twp. R.

Sect. 10 T27N, 68W, 14N

12. County

San Juan

13. State

New Mexico

CANON & WOODRUFF, Sec. 10, T27N, 68W, 14N

14. Permit No.

15. EDR number

API No. 10-045-05627

8824 80 335 45

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

Notice Of Inspection To:

Subsequent Report Of:

Test Water Shut-off

Well Or Alter Casing

Water Shut-off

Repairing Well

Fracture Treat

Multiple Completions

Fracture Treatment

Altering Casing

Shoot Or Acidize

Abandonment

Shooting Or Acidizing

Abandonment

Repair Well

Change Plans

(Other) INITIAL GAS PRODUCTION SALES

(Other)

17. Describe Proposed Or Completed Operations

INITIAL GAS SALES TO MOBIL NATURAL GAS INC. NOVEMBER 1, 1988.

NOV 1 1988

OK

18. I hereby certify that the foregoing is true and correct

Signed

B.R. Maynard

Title Reg. Compliance Manager

Date November 2, 1988

Approved By

Title

Date

Conditions Of Approval If Any:

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) <input type="checkbox"/> Other (Please explain) New Well <input type="checkbox"/> Change in Transporter of: Recompletion <input type="checkbox"/> Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/> TO CHANGE OIL/CONDENSATE GATHER TO GARY Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> 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 Candelario, Etal	Well No. 1-E	Pool Name, Including Formation Del Norte Basin Dakota	Kind of Lease State, Federal or Fee Navajo Indian	Lease No. T-149-IN8463
Location Unit Letter B : 940 Feet From The N Line and 1850 Feet From The E Line Section 1 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
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) 295 Chipeta Way, Salt Lake City, UT 84110
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When ? B 1 27N 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
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.

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GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)

OIL CON. DIV.
DIST. 3

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
Title
SUPERVISOR DISTRICT #3

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.
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- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.