

DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

# OIL CONSERVATION DIVISION

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

See Instructions  
at Bottom of Page

## REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

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"/> Change in Transporter of: Recompletion <input type="checkbox"/> Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/> Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <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 Nye #2	Well No. 2	Pool Name, including Formation Basin Dakota	Kind of Lease State, Federal or Fee	Lease No.
Location Unit Letter <u>6</u> : <u>1600</u> Feet From The <u>N</u> Line and <u>1630</u> Feet From The <u>E</u> Line Section <u>8</u> Township <u>29-N</u> Range <u>10-W</u> , 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"/> Gary-Williams Energy Cor.	Address (Give address to which approved copy of this form is to be sent) 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"/> El Paso Natural Gas Co.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1492, El Paso, Texas 79978				
If well produces oil or liquids, give location of tanks.	Unit 6	Sec. 8	Twp. 29N	Rge. 10W	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	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

## GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	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  
SHIRLEY TODD

Date  
6-8-90

AS AGENT FOR MOBIL PRODUCING U.S. INC.

Title  
(915)688-2585

Telephone No.

## OIL CONSERVATION DIVISION

JUN 11 1990

Date Approved

By

Signature

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 well in multiply completed wells.