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LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
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NEW MEXICO OIL CONSERVATION COMMISSION
 REQUEST FOR ALLOWABLE
 AND
 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
 Supersedes Old C-104 and C-110
 Effective 1-1-65

I. OPERATOR
 Operator: Mobil Producing TX. & N.M. Inc.
 Address: 9 Greenway Plaza, Suite 2700 - Houston, Texas 77046
 Reason(s) for filing (Check proper box):
 New Well Change in Transporter of: Oil Dry Gas
 Recompletion Casinghead Gas Condensate
 Change in Ownership

Other (Please Specify): **CASINGHEAD GAS MUST NOT BE FLARED AFTER 9/1/81 UNLESS AN EXCEPTION TO R-4070 IS OBTAINED.**

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name STATE ZZ COM	Well No. 1	Pool Name, including Formation VACUUM ABO NORTH	Kind of Lease State, Federal or Fee	STATE	Lease No. L-5391
Location Unit Letter <u>F</u> ; <u>1980</u> Feet From The <u>NORTH</u> Line and <u>1770</u> Feet From The <u>WEST</u> Line of Section <u>7</u> Township <u>17-S</u> Range <u>35-E</u> , NMPM, LEA 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"/> Mobil Pipeline Co.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 900, Dallas, Tx. 75221				
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)				
If well produces oil or liquids, give location of tanks.	Unit F	Sec. 7	Twp. 17-S	Rge. 35-E	Is gas actually connected? When No

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 <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 2-25-81	Date Compl. Ready to Prod. 6-18-81		Total Depth 10850		P.B.T.D. 8873			
Elevations (DF, RKB, RT, GR, etc.) 4007.5 GR	Name of Producing Formation ABO		Top Oil/Gas Pay 8668		Tubing Depth 10755			
Perforations ABO 8668-8783					Depth Casing Shoe 8873			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2	13 3/8		350		400			
12 1/2	8 5/8		4953		3800			

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 rop allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 6-27-81	Date of Test 7-6-81	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24	Tubing Pressure 35	Casing Pressure 35	Choke Size 2"
Actual Prod. During Test 592	Oil - Bbls. 55	Water - Bbls. 6	Gas - MCF 105

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. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

R. L. Hogan
 (Signature)
 Authorized Agent
 (Title)
 July 6, 1981
 (Date)

OIL CONSERVATION COMMISSION

APPROVED JUL 31 1981, 19 _____

BY [Signature]
 TITLE SUPERVISOR DISTRICT

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

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JUL 16 1981

OIL CONSERVATION DIV.