

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.		Well API No. 30-025-29546
Address 12450 Greenspoint Drive, Houston, TX 77060-1991		
Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> Other (Please explain) New Well <input type="checkbox"/> Change in Transporter of: R/C IN THE WOLFCAMP Recompletion <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		
If change of operator give name and address of previous operator		

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name LOVINGTON DEEP STATE	Well No. 1	Pool Name, Including Formation UPPER PENN & WOLFCAMP	Kind of Lease State, Federal or Fee STATE	Lease No. LG-3362
Location Unit Letter A : 823 Feet From The NORTH Line and 581 Feet From The EAST Line Section 1 Township 17S Range 35E , NMPM, LEA County				

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil TEXAS/NEW MEXICO P/L CO.	<input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 2528, HOBBS, NM 88240				
Name of Authorized Transporter of Casinghead Gas WARREN PETROLEUM COMPANY	<input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 1150, MIDLAND, TX 79701				
If well produces oil or liquids, give location of tanks.	Unit A	Sec. 1	Twp. 17S	Rge. 35E	Is gas actually connected? YES	When ? 10-87

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 X	Gas Well	New Well	Workover	Deepen	Plug Back X	Same Res'v	Diff Res'v X
Date Spudded 11/08/93	Date Compl. Ready to Prod. 1/26/94		Total Depth 12,825		P.B.T.D. 12,485			
Elevations (DF, RKB, RT, GR, etc.) KB 3952'	Name of Producing Formation UPPER PENN & WOLFCAMP		Top Oil/Gas Pay 10,128		Tubing Depth 10,814'			
Perforations WOLFCAMP 10,128-10,305'					Depth Casing Shoe NA			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE 17-1/2"	CASING & TUBING SIZE 13-3/8"		DEPTH SET 464'		SACKS CEMENT 550 SXS C			
12-1/4"	9-5/8"		5694'		2950 SXS C NEAT + 350 SX SXS C			

**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 11/08/93	Date of Test 01/31/94	Producing Method (Flow, pump, gas lift, etc.) P	
Length of Test 24	Tubing Pressure 150	Casing Pressure 0	Choke Size
Actual Prod. During Test	Oil - Bbls. 52	Water - Bbls. 130	Gas- MCF 298

**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  
Patricia B. Swanner  
Printed Name  
3/21/94  
Date  
Reg.Tech/Asst.III  
Title  
(713)775-2081  
Telephone No.

**OIL CONSERVATION DIVISION**

MAR 30 1994

Date Approved

By

ORIGINAL SIGNED BY JERRY SEXTON

Title DISTRICT SUPERVISOR

**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.

RECEIVED

MAR 24 1994

GOVERNMENT  
OFFICE