

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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U.S.S.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRODUCTION OFFICE		

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator Mobil Producing TX & NM Inc.

Address 9 Greenway Plaza, Suite 2700, Houston, TX 77046

Reason(s) for filing (Check proper box):
☒ New Well
☐ Recompletion
☐ Change in Ownership
 Change in Transporter of:
☐ Oil
☐ Casinghead Gas
☐ Dry Gas
☐ Condensate
 Other (Please explain):
Approval to flare casinghead gas from this well must be obtained from the BUREAU OF LAND MANAGEMENT (BLM)

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Government "K"</u>	Well No. <u>2</u>	Pool Name, including Formation <u>Querecho Plains Upper Bone Spring</u>	Kind of Lease <u>State, Federal or Fee Federal</u>	Lease No. <u>UAS-NM 0554967</u>
Location Unit Letter <u>K</u> ; <u>1950</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>West</u> Line of Section <u>23</u> Township <u>18-S</u> Range <u>32-E</u> , NMPM, <u>Lea</u> 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"/> <u>Koch Service, Inc.</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 1558, Breckenridge, TX 76024</u>
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 <u>K</u> Sec. <u>23</u> Twp. <u>18-S</u> Rge. <u>32-E</u>	Is gas actually connected? <u>Flared</u> When _____

If this production is commingled with that from any other lease or pool, give commingling order number: _____

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.

Gladys M. Sullivan
(Signature)

Authorized Agent

12-1-86

(Title)

(Date)

OIL CONSERVATION DIVISION

APPROVED DEC 4 1986, 19 _____

BY ORIGINAL SIGNED BY JERRY SEXTON

TITLE DISTRICT I SUPERVISOR

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.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X		X					
Date Spudded 9-19-86	Date Compl. Ready to Prod. 11-11-86		Total Depth 8900			P.B.T.D. 8856			
Elevations (DF, RKB, RT, GR, etc., GR-3770	Name of Producing Formation Bone Spring		Top Oil/Gas Pay 8454			Tubing Depth 8556			
Perforations 8454-8456, 8473-8496, 8499-8501, 8507-8515						Depth Casing Shoe			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2"	13-3/8"	700'	700x C
12-1/4"	8-5/8"	4800'	3100x C
7-7/8"	5-1/2" (Liner)	4408'-8900'	900x H

V. TEST DATA AND REQUEST FOR ALLOWABLE (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 Tanks 11-13-86	Date of Test 11-24-86	Producing Method (Flow, pump, gas lift, etc.) 2"x1-1/2"x24' Pump (7-1/2"x120" SPM)	
Length of Test 24 Hours	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls. 69	Water - Bbls. 24	Gas - MCF 90

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Start-In)	Casing Pressure (Start-In)	Choke Size

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