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Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

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. 30-025-29702
Address *Mobil Exploration & Producing U.S. Inc., as Agent for Mobil Producing TX. & N.M. Inc. 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 checked="" 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"/>
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name LOVINGTON DEEP YATES STATE #	Well No. 1	Pool Name, Including Formation SOUTH SHOE BAR WOLFCAMP 4/1/92	Kind of Lease State, Federal or Fee STATE	Lease No. LG-7265
Location Unit Letter P 330 Feet From The SOUTH Line and 990 Feet From The EAST Line Section 36 Township 16S Range 35E, NMPM, LEA County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil TEXAS-NEW MEXICO PIPELINE <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) 205 E. BENDER, HOBBS, NM 88240					
Name of Authorized Transporter of Casinghead Gas WARREN PETROLEUM <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 79702					
If well produces oil or liquids, give location of tanks.	Unit 36	Sec. 16	Twp. 35	Rge. 35	Is gas actually connected? YES	When? 10/29/87
If this production is commingled with that from any other lease or pool, give commingling order number: PLC -75						

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
Date Spudded	Date Compl. Ready to Prod. 10/09/91		Total Depth 12683		P.B.T.D. 10535			
Elevations (DF, RKB, RT, GR, etc.) 3943 GL	Name of Producing Formation WOLFCAMP		Top Oil/Gas Pay		Tubing Depth			
Perforations 10150-10488 (wolfcamp) 279 holes oa					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
NA	13 3/8		451		450			
17-1/2	9-5/8		5150		2600			
12-1/2	5-1/2		10535		1050			

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 10-10-91	Date of Test 10/18/91	Producing Method (Flow, pump, gas lift, etc.) P 8.0 X 1-1/4 X 144 SPM	
Length of Test 24	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls. 82	Water - Bbls. 47	Gas- MCF 149

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
J. W. DIXON
ENGINEERING TECHNICIAN
Printed Name
10/18/91
Date
(915) 688-2452
Telephone No.

OIL CONSERVATION DIVISION

Date Approved
By ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR
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.

RECEIVED

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