Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

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

State of New Mexico Energy, Minerals and Natural Resources Departm.....

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION I. TO TRANSPORT OIL AND NATURAL GAS Well API No. Operator Mobil Producing TX. & N.M. Inc.* 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 P. O. Box 633, Midland, Texas Reason(s) for Filing (Check proper box) Other (Please explain) New Well Change in Transporter of: X П ▼ Dry Gas Recompletion Oil Casinghead Gas Condensate Change in Operator If change of operator give name and address of previous operator 74/91 II. DESCRIPTION OF WELL AND LEASE Kind of Lease Well No. | Pool Name, Including Formation R . 9344 Lease Name Lease No. SO. SHOEBAR UPPER PENNSYLVANIAN STATE LG-7265 LOVINGTON DEEP YATES STATE Location Unit Letter P Feet From The SOUTH Line and 990 , 330 _ Feet From The EAST Line 36 168 Range 35E LEA Township , NMPM, Section County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS or Condensate Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Oil TEXAS-NEW MEXICO PIPELINE P.O. BOX 2528, HOBBS NM 88240 Name of Authorized Transporter of Casinghead Gas WARREN PETROLEUM Address (Give address to which approved copy of this form is to be sent) X or Dry Gas P.O. BOX 1150, MIDLAND, TX 79702 Twp. is gas actually connected? When? If well produces oil or liquids, Unit Sec Rge. give location of tanks. __16 36 35 YES 10/29/87 PLC-75 If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Oil Well Gas Well New Well Workover Plug Back Same Res'v Deepen Diff Res'v Designate Type of Completion - (X) X X Total Depth Date Spudded Date Compl. Ready to Prod. PRTD 02-10-91 02-14-91 12,683' 10,800 Top Oil/Gas Pay Name of Producing Formation Elevations (DF, RKB, RT, GR, etc.) Tubing Depth UPPER PENNSYLVANIAN 3934GL Perforations Depth Casing Shoe 10540-10700(PENN) (126 HOLES) TUBING, CASING AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE **DEPTH SET** SACKS CEMENT NA 13-3/8 351 NA NA 5150 9-5/8 NA .NA 12683 5-1+2 NA NA 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 Producing Method (Flow, pump, gas lift, etc.) Date of Test 3/7/91 2/16/91 Length of Test Choke Size Casing Pressure Tubing Pressure NA 24 NA NA Gas- MCF Water - Bbls. Actual Prod. During Test Oil - Bbls. 43 20 **GAS WELL** Actual Prod. Test - MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size VI. OPERATOR CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION 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. Date Approved ___ By____ mature J. W. DIXON **ENGINEERING TECHNICIAN**

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

Printed Name

Date

4/9/91

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

Title_

2) All sections of this form must be filled out for allowable on new and recompleted wells.

(915) 688-2452

Telephone No.

- 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.