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

## State of New Mexico nergy, Minerals and Natural Resources Depart t

## **OIL CONSERVATION DIVISION**

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT II P.O. Drawer DD, Artesia, NM 88210 DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION

1.		TOTRA	INSP	ORT OIL	_ AND NA	TURAL G					
L	tor bil Producing TX. & N.M. Inc.*						30-	API No. -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)					X Oth	et (Please expl	ain)	<del></del>			
New Well	REQUEST TESTING ALLOWABLE OF 2000 BBLS.										
Recompletion X	Oil	Change in	Dry G		FOR OIL ACCUMULATED TESTING IN FEBRUARY 1991.						
Change in Operator Casinghead Gas Condensate						AT OIL AGO.		7 1 2011110	III I EBNOA	MI 1991.	
If change of operator give name and address of previous operator											
II. DESCRIPTION OF WELL AND LEASE											
l'			1	O SHOE BAR LIDDER DENNISYL VANIANI				i of Lease Lease No. LG-7265			
Location Location											
Unit Letter P	: 330 Feet From The			rom The SC	OUTH Line and 990 Fe			set From The EAST Line			
Section 36 Township 16-S Range 35-E , NMPM, LEA County									County		
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorized Transporter of Oil 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	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 X or Dry Gas WARREN PETROLEUM					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   Sec.   Twp.   Rge.   36   16   35			<del> </del>			·				
If this production is commingled with that IV. COMPLETION DATA	rom any other	r lease or p	pool, giv	ve comming!	ing order numb	er:		PLC-7			
Designate Type of Completion	~\	Oil Well		Gas Well	New Well	Workover	Deepen		Same Res'v	Diff Res'v	
Date Spudded	Date Compl	X Ready to	Prod.		Total Depth	<u> </u>	<u> </u>	P.B.T.D.		1	
02-10-91 02-14-91					12,683'			10,800'			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation UPPER PENNSYLVANIAN				Top Oil/Gas Pay			Tubing Depth			
Perforations 10540' - 10700' (2 JSPF/126 HC						Depth Casing Shoe					
TUBING, CASING AND CEMENTING RECORD											
HOLE SIZE CASING & TUBING SIZE					DEPTH SET			SACKS CEMENT			
		<del></del>					<del> </del>				
7. TEST DATA AND REQUEST FOR ALLOWABLE											
DIL 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 Date of Test Producing Method (Flow, pump, gas lift, etc.)											
Length of Test	Tubing Pressure				Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.			Water - Bbls.			Gas- MCF				
	Oli - Dois.				Water - Doil						
GAS WELL											
Actual Prod. Test - MCF/D	Length of Test				Bbis. Condensate/MMCF			Gravity of Condensate			
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
7I. 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.					OIL CONCENTANTION DIVIDION						
June 1					Date Approved						
Signature T. B. THIEL ENGINEERING TECHNICIAN					Ву	s **;	g et ing in the		<b>.</b>		
rinted Name Title 02/19/91 (915) 688-2172					Title_		<b></b>				
1027 13731 (313) 088-2172  ate Telephone No.											

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.