

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. 30-025-30410
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 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 _____ THIS WELL HAS BEEN PLACED IN THE POOL DESIGNATED BELOW. IF YOU DO NOT CONCUR *Cancel S. Shoe Bar upper Perm*

Lease Name KRITI STATE 31		Well No. 1	Pool Name, Including Formation <i>R-9615</i> SOUTH SHOE BAR WOLFCAMP <i>12/1/91</i>	Kind of Lease State, Federal or Fee STATE	Lease No. LG-3362
Location Unit Letter <i>M</i> : <i>660</i> Feet From The <i>SOUTH</i> Line and <i>660</i> Feet From The <i>WEST</i> Line Section <i>31</i> Township <i>16S</i> Range <i>36E</i> , <i>NMPM</i> , <i>LEA</i> County					

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> TEXAS-NEW MEXICO PIPELINE		Address (Give address to which approved copy of this form is to be sent) BOX 2528, HOBBS, NM 88240			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> WARREN PETROLEUM CO		Address (Give address to which approved copy of this form is to be sent) BOX 1150, MIDLAND, TX 79702			
If well produces oil or liquids, give location of tanks.	Unit <i>M</i>	Sec. <i>31</i>	Twp. <i>16S</i>	Rge. <i>36E</i>	Is gas actually connected? <i>YES</i> When? <i>11/7/88</i>

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

Designate Type of Completion - (X)		Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input checked="" type="checkbox"/>	Same Res'v <input type="checkbox"/>	Diff Res'v <input checked="" type="checkbox"/>
Date Spudded <i>7/29/91</i>	Date Compl. Ready to Prod. <i>8/9/91</i>		Total Depth <i>10930</i>			P.B.T.D. <i>10930</i> <i>10580</i>			
Elevations (DF, RKB, RT, GR, etc.) <i>3931</i>	Name of Producing Formation WOLFCAMP		Top Oil/Gas Pay			Tubing Depth			
Perforations <i>10290-10432 (128 HOLES)</i>					Depth Casing Shoe				
TUBING, CASING AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT			
<i>17-1/2</i>	<i>13-3/8</i>		<i>470</i>			<i>500</i>			
<i>11</i>	<i>8-5/8</i>		<i>5198</i>			<i>1450</i>			
<i>LINER</i>	<i>5-1/2</i>		<i>TOL 4888</i>			<i>1150</i>			

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 <i>8-14-91</i>	Date of Test <i>8/14/91</i>	Producing Method (Flow, pump, gas lift, etc.) <i>P 7.5 X 1-1/4 X 144</i>	
Length of Test <i>24</i>	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls. <i>370</i>	Water - Bbls. <i>32</i>	<i>GOR</i> <i>1021/1</i>

GAS WELL		Bbls. Condensate/MMCF	Gravity of Condensate <i>43.5</i>
Actual Prod. Test - MCF/D	Length of Test	Casing Pressure (Shut-in)	Choke Size
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)		

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 <i>J. W. Dixon</i>	ENGINEERING TECHNICIAN
Printed Name <i>8/14/91</i>	Title <i>(915) 688-2452</i>
Date	Telephone No.

OIL CONSERVATION DIVISION	
Date Approved	
By	
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.
4) Separate Form C-104 must be filed for each pool in multiply completed wells.