

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OPERATOR	GAS
PROMOTION 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)

<input checked="" type="checkbox"/> New Well	Change in Transporter of:	
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> casinghead Gas	<input type="checkbox"/> Condensate

Other (Please explain) _____

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>North Vacuum Abo Unit</u>	Well No. <u>299</u>	Pool Name, including Formation <u>North Vacuum Abo</u>	Kind of Lease <u>State, Federal or Fee</u>	Lease No. <u>E-1449-6</u>
Location				
Unit Letter <u>M</u> : <u>600</u> Feet From The <u>South</u> Line and <u>800</u> Feet From The <u>West</u>				
Line of Section <u>10</u> Township <u>17-S</u> Range <u>34-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>Mobil Pipeline Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 900, Dallas, TX 75221</u>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> <u>PHILLIPS 66 NATURAL GAS CO. GPM GAS CORPORATION</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 2105, Hobbs, NM 88240</u>
If well produces oil or liquids, give location of tanks.	Unit : <u>J</u> Sec. : <u>10</u> Twp. : <u>17</u> Rge. : <u>34</u>
Is gas actually connected?	When : <u>6/21/86</u>

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.

OIL CONSERVATION DIVISION

APPROVED JUN 30 1986, 19

BY ORIGINAL SIGNED BY JERRY SEXTON

DISTRICT 1 SUPERVISOR

TITLE _____

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 deviated 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 multiple completed wells.

Nancy Lewis
(Signature)

Authorized Agent

(Title)

(Date)

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res.
		X		X					
Date Spudded 4/25/86	Date Compl. Ready to Prod. 6/11/86			Total Depth 8950			P.B.T.D. 8917		
Elevations (DF, RKB, RT, GR, etc.), KB-4075	Name of Producing Formation Abo			Top Oil/Gas Pay 8776			Tubing Depth SN @ 8866		
Perforations 8776-8828							Depth Casing Shoe		

TUBING, CASING, AND CEMENTING RECORD

MOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2	13-3/8	408	500 SX
12-1/4	9-5/8	5000	2095 SX
7-7/8	5-1/2 L	4194-8950	1150 SX
	2-7/8	SN @ 8866	

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 Tanks 6/11/86	Date of Test 6/21/86	Producing Method (Flow, pump, gas lift, etc.) Pumping		
Length of Test 24 Hours	Tubing Pressure	Casing Pressure	Choke Size	
Actual Prod. During Test	Oil - Bbls. 70	Water - Bbls. 16	Gas - MCF 53	

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate 37.5 @ 60°
Testing Method (prior, back pr.)	Tubing Pressure (Shut-In)	Casing Pressure (Shut-In)	Choke Size