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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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Mobil Producing TX & NM, Inc.		Well API No. 30-025-29720
Address P.O. Box 633 Midland, TX 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"/>	Recomplete from Strawn to Middle Penn
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

Carroll Vacuum System

II. DESCRIPTION OF WELL AND LEASE

Lease Name Bridges State	Well No. 513	Pool Name, Including Formation Vacuum-Middle Penn	Kind of Lease State, Federal or Fee <input checked="" type="checkbox"/>	Lease No. B-1520
Location Unit Letter <u>G</u> : <u>2135</u> Feet From The <u>North</u> Line and <u>1905</u> Feet From The <u>East</u> Line Section <u>13</u> Township <u>17-S</u> Range <u>34-E</u> , <u>NMPM</u> , Lea 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"/>	Address (Give address to which approved copy of this form is to be sent) P.O. Box 900, Dallas, TX 75221					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) Phillips Petroleum Company GPM Gas Corporation Phillips Bldg., Bartlesville, OK 74004					
If well produces oil or liquids, give location of tanks.	Unit G	Sec. 13	Twp. 17S	Rge. 34E	Is gas actually connected? Yes	When? 01-22-87

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

IV. COMPLETION DATA

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 9-6-86	Date Compl. Ready to Prod. 1-22-90		Total Depth 11,550		P.B.T.D. 10,600 (CIBP)			
Elevations (DF, RKB, RT, GR, etc.) GR:4018	Name of Producing Formation Middle Penn		Top Oil/Gas Pay 10,450		Tubing Depth 10,365			
Performances 10,450 - 10,498					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2	13 3/8		403		500 sx CL C			
12 1/4	8 5/8		4800		3300 sx CL C			
7 7/8	5 1/2 (liner)		4185 - 11,550		1700 sx			
	2 3/8		10,365					

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 1-26-90	Date of Test 4-19-90	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs.	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls. 22.0	Water - Bbls. 0	Gas - MCF 50

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.

D.W. Parks, Jr.
Signature
D.W. Parks, Jr. Regulatory Tech.
Printed Name
4-20-90 (915) 688-2548
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved APR 23 1990

By _____ Orig. Signed by
Paul Kautz
Geologist

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.