

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 06-01-83
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SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
OPERATOR	GAS
PRODUCTION OFFICE	

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:	Other (Please explain)
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	CASINGHEAD GAS MUST NOT BE
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	FLARED AFTER 2-1-87
	<input type="checkbox"/> Dry Gas	UNLESS AN EXCEPTION TO B-1076
	<input type="checkbox"/> Condensate	IS OBTAINED.

If change of ownership give name and address of previous owner

THIS WELL HAS BEEN PLACED IN THE POOL DESIGNATED BELOW. IF YOU DO NOT CONCUR NOTIFY THIS OFFICE. R-8409 4-1-87

II. DESCRIPTION OF WELL AND LEASE

Lease Name Bridges State	Well No. 513	Pool Name, including Formation Vacuum (Strawn)	Kind of Lease State, Federal or Fee State	Lease No. B-1520
Location				
Unit Letter G : 2135 Feet From The North Line and 1905 Feet From The East				
Line of Section 13 Township 17-S Range 34-E, NMPM, 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"/> JM Petroleum Corporation	Address (Give address to which approved copy of this form is to be sent) 2000 N. Tower, Plaza of the Americas, Dallas, TX 75201
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit, Sec., Twp., Rge.
G 13 17-S 34-E	NO

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 DEC 1 1 1986, 19
BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT 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 deviation 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 multiply completed wells.

Gladys M. Sultana
(Signature)

Authorized Agent

(Title)

December 8, 1986

(Date)

IV. COMPLETION DATA

IV. COMPLETION DATA									
Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff. Res'v
		X		X					
Date Spudded	Date Compl. Ready to Prod.			Total Depth			P.B.T.D.		
9-6-86	11-24-86			11550			11265		
Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth		
GR-4018	Strawn			11129			11014		
Perforations							Depth Casing Shoe		
11129-11146							-		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2	13-3/8	403	500x C
12-1/4	8-5/8	4800	3300x C
7-7/8	5-1/2 (liner)	4185-11550	1700x TLW & H
	2-3/8	11014	

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
11-24-86	12-02-86	Flowing	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hours	225#	0#	16/64
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
	178	0	377

GAS WELL

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

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