

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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U.S.S.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

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

Form C-104
Revised 10-01-78
Format 08-01-83
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:	Other (Please explain)
<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

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>State N</u>	Well No. <u>3</u>	Pool Name, including Formation <u>North Vacuum Abo</u>	Kind of Lease <u>State, Federal or Fee State</u>	Lease No. <u>L-2945</u>
Location				
Unit Letter <u>C</u>	<u>800</u>	Feet From The <u>North</u> Line and <u>2010</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"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Mobil Pipeline Company</u>	<u>Box 900, Dallas, TX 75221</u>
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)
<u>Phillips 66 Natural Gas GPM Gas Corporation</u>	<u>4001 Penbrook, Odessa, TX 79762</u>
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit <u>F</u> Sec. <u>10</u> Twp. <u>17S</u> Rge. <u>34E</u>	<u>Yes</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.

Gladys M. Sultana
(Signature)
Authorized Agent
(Title)
2-16-87
(Date)

OIL CONSERVATION DIVISION

APPROVED FEB 19 1987, 19
BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I 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.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Dill. Res'v.
		X		X					
Date Spudded 12-22-86	Date Compl. Ready to Prod. 1-31-87		Total Depth 8950			P.B.T.D. 8865			
Elevations (DF, RKB, RT, CR, etc.) KB-4079	Name of Producing Formation Abo		Top Oil/Gas Pay 8706			Tubing Depth 8837			
Perforations 8706-8752 Abo formation						Depth Casing Shoe			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2	13-3/8	400	500x
12-1/4	8-5/8	5000	2950x
7-7/8	5-1/2 LINER	4195-8950	925x

V. TEST DATA AND REQUEST FOR ALLOWABLE (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 1-31-87	Date of Test 2-9-87	Producing Method (Flow, pump, gas lift, etc.) 2x1-1/4x20 pump	
Length of Test 24 hours	Tubing Pressure -	Casing Pressure -	Choke Size -
Actual Prod. During Test	Oil - Bbls. 34	Water - Bbls. 2	Gas - MCF 38

GAS WELL

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

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