

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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FILE	
U.S.G.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 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>State N</u>	Well No. <u>4</u>	Pool Name, including Formation <u>North Vacuum Abo</u>	Kind of Lease <u>State, Federal or Fee</u>	State <u>State</u>	Lease No. <u>L-2945</u>
Location					
Unit Letter <u>E</u> : <u>1918</u> Feet From The <u>north</u> Line and <u>350</u> Feet From The <u>west</u>					
Line of Section <u>10</u> Township <u>17S</u> Range <u>34E</u> , NMPM, 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 Pipe Line Co.</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"/> or Dry Gas <input type="checkbox"/> <u>Phillips 66 Natural Gas GPM Gas Corporation</u>	Address (Give address to which approved copy of this form is to be sent) <u>4001 Penbrook, Odessa, TX 79762</u>
If well produces oil or liquids, give location of tanks.	Unit <u>E</u> Sec. <u>10</u> Twp. <u>17S</u> Rge. <u>34E</u> is gas actually connected? <u>yes</u> When <u>3/11/87</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

4-1-87

(Title)

(Date)

OIL CONSERVATION DIVISION

APPROVED APR 6 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 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.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res't.	DILL Res.
		X		X					
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.				
1/16/87	3/11/87		8950				8863		
Elevations (DF, RKB, RT, CR, etc., KB-4081, GR-4065)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth				
	Abo Formation		oil		8808				
Perforations					Depth Casing Shoe				
8737-8805									

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17½	13-3/8	400	500x C1-C
12¾	8-5/8	5000	3000 C1-C
7-7/8	5½ liner	4212-8950	800x C1-C & H

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
3/11/87	3/25/87	2" x 1½" x 24' pump	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs.	-	-	-
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
	65	5	76

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shot-1A)	Casing Pressure (Shot-1A)	Choke Size

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