

**REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS**

Operator <b>MOBIL EXPLORATION &amp; PRODUCING U.S. INC., AS AGENT FOR</b>		Well API No. <b>30-025-20862</b>
Address <b>MOBIL PRODUCING TX &amp; NM INC., P.O. BOX 633, MIDLAND, TX 79702</b>		
Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	<b>TEST ALLOWABLE--APPROXIMATELY 120 BBLS THIS IS FOR THE MONTH OF JANUARY 1994</b>
Recompletion <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
Change in Operator <input type="checkbox"/>		
If change of operator give name and address of previous operator		

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name <b>STATE DD</b>	Well No. <b>1</b>	Pool Name, Including Formation <b>VACUUM (DRINKARD)</b>	Kind of Lease State, Federal or Fee <b>OIL</b>	Lease No.
Location Unit Letter <b>D</b> : <b>510</b> Feet From the <b>NORTH</b> Line and <b>535</b> Feet From The <b>WEST</b> Line Section <b>31</b> Township <b>17-S</b> Range <b>35-E</b> ,NMPM, LEA County				

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil <b>MOBIL PIPELINE COMPANY</b> <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) <b>BOX 900, DALLAS, TX 75221</b>	
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 <b>D</b>	Sec. <b>31</b>
	Twp. <b>17-S</b>	Rge. <b>35-E</b>
Is gas actually connected?		When?
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	New Well	Workover	Deepen <input checked="" type="checkbox"/>	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod. <b>12-20-93</b>		Total Depth <b>10553</b>		P.B.T.D. <b>9200</b>			
Elevations (DF, RKB, RT, GR, etc.) <b>KB 3999</b>	Name of Producing Formation <b>DRINKARD</b>		Top Oil/Gas Pay <b>7501</b>		Tubing Depth <b>7412</b>			
Perforations <b>7501-7742 (222 HOLES OA)</b>					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

**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	Date of Test <b>01-94</b>	Producing Method (Flow, pump, gas lift, etc.) <b>ONE-TIME ALLOWABLE; WELL TO BE TA'D</b>	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

**GAS WELL**

Actual Prod. Test - MCF/D	Length Of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, 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.

*Kaye Pollock-Lyon*  
Signature  
**KAYE POLLOCK-LYON** ENV & REG TECH  
Printed Name  
**01-31-94** Title  
Date  
**915-688-2584** Telephone No.

**OIL CONSERVATION DIVISION**

Date Approved **FEB 02 1994**  
By **ORIGINAL SIGNED BY JERRY SEXTON**  
DISTRICT I SUPERVISOR  
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.

*710 WOMP  
2000-1-1-89  
attached*