Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I		TO TRA	ANSP	O TRC	L AND NA	TURAL C	SAS				
Toyong Evaluation and Durdunt								API No.			
Address								-025-218	30		
	New Mexico	2824	0_252	0							
Reason(s) for Filing (Check proper bo		0024	0-252	<u> </u>	X O	her (Please exp	olain)		<del></del>	·	
New Well	Change in Transporter of: 9-1-92 R-9710 CHANGES LEASE & WELL #									#	
Recompletion	Oii					FROM MOBIL BRIDGES STATE #113					
Change in Operator	Casinghead Gas Condensate										
If change of operator give name	hil Produci	na Tevs	ae Now	. Movie	0 C-00-		0 :/ 0				
and address of previous operator MO	obil Produci	ilg Texa	13 IVEW	MEXIC	3 Green	way Plaza	, Suite 2	00, Houst	on Tx. 7	7046	
II. DESCRIPTION OF WEI	L AND LE	ASE									
Lease Name Well No. Pool Name, In					· · · · · · · · · · · · · · · · · · ·			of Lease No. Federal or Fee D. 4500			
VACUUM GLORIETA WEST	UNIT	JNIT 1 VACUUM GLO				RIETA STA					
Unit Letter E : 830   Feet From The WEST   Line and   1980   Feet From The   NORTH   Line											
Section 24 Town	17S n. 34F								County		
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS											
Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent)											
MOBIL PIPELINE COMPAN		P.O. BOX 900 DALLAS, TEXAS 75221									
Name of Authorized Transporter of Casinghead Gas X or Dry Gas					Address (Gir				copy of this form is to be sent)		
GPM GAS CORPCRATION					404	4 PENBRO	TEXAS 7	9762			
If well produces oil or liquids, give location of tanks.	Unit	1 1 1				y connected?	When				
	- c1	25	175	34E		YES		9-	-23-66		
If this production is commingled with the IV. COMPLETION DATA	at from any oth	er lease or p	pool, give	comming	ing order num	ber:	<del></del>	<del></del>			
IV. COMPLETION DATA		louw.v	1 6	- 317 11	1	1	<del>γ</del>	·	·		
Designate Type of Completic	on - (X)	Oil Well	1 6	as Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	·	Date Compl. Ready to Prod.			Total Depth			P.B.T.D.	L	_l	
•											
Elevations (DF, RKB, RT, GR, etc.)	Name of Pr	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth		
Perforations								Depth Casing Shoe			
1015.035	TUBING, CASING				CEMENTI			<del>,</del>			
HOLE SIZE	CAS	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT		
	-								<del></del>		
		<del></del>			· · · · · · · · · · · · · · · · · · ·				<del></del>		
V. TEST DATA AND REQU	EST FOR A	LLOWA	BLE					1			
				and must	be equal to or	exceed top allo	owable for thi	s depth or be fi	or full 24 hou	rs.)	
Date First New Oil Run To Tank		it be equal to or exceed top allowable for this depth or be for full 24 hours.)  Producing Method (Flow, pump, gas lift, etc.)									
T											
Length of Test	Tubing Pres	Tubing Pressure			Casing Pressure			Choke Size			
Actual Prod. During Test	07. 71.1	Oil - Bbls.			Water - Bbis.						
Actual Float During Test	Oil - Bbls.							Gas- MCF			
O . O TITOL -		· · · · · ·	<del></del>					L	<del></del>		
GAS WELL											
Actual Prod. Test - MCF/D	Length of Te	Length of Test				ate/MMCF		Gravity of Condensate			
Testing Method (pitot, back pr.)	od (pitot, back pr.) Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size				
the second control of		ving Pressure (Sinu-III)					CHOOL SILL				
VL OPERATOR CERTIFIC	CATE OF (	COMP	TANIC	TE	<u></u>	· · · · · · · · · · · · · · · · · · ·					
		-	_	·L		IL CON	SERVA	ATION [	DIVISIO	N	
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.					Date	Approved	4	SEP	0.9 '92		
m1 / )				1	Daie	Whhi n AG	J			<del></del>	
1. C. Amer					Py Opicinal Contract						
Signature M. C. Duncan ENGR. ASST.					By ORIGINAL SIGNED BY 10 STATON  BISTRICT I SUPERVISOR						
Printed Name Title					Title						
9-1-92		505-39		91	Hille_			<del></del>	<del></del>	····	
Date		Telepi	hone No.	_	İ						

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.