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State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Form C-104
Revised 1-1-89
State of New Mexico

RECEIVED

JUN 14 1989

OIL CONSERVATION DIV.
SANTA FE

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

Operator Mobil Producing TX & NM Inc.		Well API No. 30-025-29546
Address % Mobil Exploration & Producing US Inc. P.O. Box 633, Midland, TX 79702		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of: <input type="checkbox"/>	
Recompletion <input checked="" type="checkbox"/>	Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/>	
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Loving Deep State	Well No. 1	Pool Name, including Formation Upper Penn. Pool, South	Kind of Lease State, Federal or Fee	Lease No. LG 3362
Location Shoe Bar State				
Unit Letter A : 823 Feet From The North Line and 581 Feet From The East Line				
Section 1 Township 17S Range 35E, 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"/>	Address (Give address to which approved copy of this form is to be sent)	
Texas/New Mexico Pipeline Co.	P.O. Box 2528, Hobbs, NM 88240	
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)	
Warren Petroleum Company	P.O. Box 1150, Midland, TX 79701	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	Twp.	Rge.
	Is gas actually connected? When ?	
	Yes 10-87	

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 08-19-87	Date Compl. Ready to Prod. 04-28-89	Total Depth 10930	P.B.T.D. 10920					
Elevations (DF, RKB, RT, GR, etc.) KB 3950	Name of Producing Formation Penn.	Top Oil/Gas Pay 10694	Tubing Depth 10370					
Perforations 10694-10765 GA	Depth Casing Shoe							
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
17-1/2	13-3/8	451	450					
12-1/4	9-5/8	5150	2650					
8-3/4	5-1/2 liner	12685	4050					

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 04-29-89	Date of Test 04-30-89	Producing Method (Flow, pump, gas lift, etc.) P	
Length of Test 24 hour	Tubing Pressure 150	Casing Pressure 0	Choke Size
Actual Prod. During Test	Oil - Bbls. 261	Water - Bbls. 49	Gas - MCF 416

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, 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
Signature
Kaye Pollock for Shirley Todd
Printed Name
06-09-89
Date
915-688-2584
Telephone No.

OIL CONSERVATION DIVISION

Date Approved JUN 16 1989

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.