Submit 5 Copies
Appropriate District Office
DISTRICT 1
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

DISTRICT II P.O. Drawer DD, Artesia, NM 88210 OIL CONSERVATION DIVISION P.O. Box 2088

DISTRICT III
1000 Pio Reages Rd., Aziec, NM 87410

Santa Fe, New Mexico 87504 '088

I.	REQ					LE AND A						
Operator Mobil Producing Tx. & N.M. Inc.						Well API No.						
	& N.M. Inc. oration & Producing U.S. I					Inc		30-()25-2954	łb		
	and, Tx		C 111	y U	· • • • •	1110 •						
Reason(s) for Filing (Check proper box)							t (Please exp	•				
New Well Recompletion	C:I	Change in	Transp Dry G		of:	Rec	uest te	sting a	llowable	e of 200	0 bbls	
Change in Operator	Oil Casinghe	_	Conde		. [tor	oll ac	cumulate	ea. Cuch	2198	ci	
If change of operator give name and address of previous operator											*	
· ·				-								
II. DESCRIPTION OF WELL Lease Name	AND LE		Pool I	Vame	Includia	ng Formation		Vind	of Lease		ease No.	
Lovington Deep State						· · · · · · · · · · · · · · · · · · ·				Federal or Fee LG-3362		
Location	0.0	21			, u 611 - ,	onve vai	501					
Unit LetterA	:82		Feet F	rom	The No	orth Line	and	Fe	et From The	<u>East</u>	Line	
Section 1 Townst	17	S	Range	e	35E	. NI	MPM.	.ea			County	
								"			county	
III. DESIGNATION OF TRAI	NSPORTI	OF OF OI		ND 1	NATUI		e address to w	tick comment	l annu af chia	Commission by a		
Name of Authorized Transporter of Oil or Condensate Texas-New Mexico Pipeline Co.						Address (Give address to which approved copy of this form is to be sent) BOX 2528, HObbs, NM 88240						
Name of Authorized Transporter of Casi	nghead Gas		or Dr	y Gas		Address (Give address to which approved copy of this form is to be sent)						
If well produces oil or liquids,	Unit	Sec.	Twp.		Pas	Is gas actually	v connected?	When				
give location of tanks.	l Om	30.	i wh:	i	Rge.	is gas actually	y connected?	i when				
If this production is commingled with tha IV. COMPLETION DATA	t from any o	her lease or p	pool, g	ive c	ommingl	ing order numl	ber:					
Designate Type of Completion	n - (X)	Oil Well		Gas	Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Con	pl. Ready to	Prod.			Total Depth 12,8	325		P.B.T.D. 1	2,485		
evations (DF, RKB, RT, GR, etc.) Name of Producing Formation Penn						Top Oil/Gas Pay			Tubing Depth			
Perforations 10694-10704, 10,720-10,750-10,761-10,765						L			Depth Casing Shoe			
10034-10704, 10,720-		-				CENCENTE	NC PECOI	<u> </u>				
HOLE SIZE	ĭ	ASING & TU				CEMENTI	DEPTH SET		Ţ	SACKS CEM	IENT	
· · · · · · · · · · · · · · · · · · ·												
-, - ,	-											
									-			
V. TEST DATA AND REQUE	ST FOR	ALLOWA	ABLI	2		1						
OIL WELL (Test must be after Date First New Oil Run To Tank	Date of T		of load	i oil a	and must			lowable for the	 	for full 24 hou	<u>ers.)</u>	
Date First New Oil Rull 10 1amk	Date of 1	esa				riouncing wi	eulou (Flow, p	литр, даз тут,	eic.)			
Length of Test	Tubing Pressure				Casing Press	1re		Choke Size				
Actual Prod. During Test	Oil - Bbl	Oil - Bbls.				Water - Bbis.	Water - Bbls.					
												
GAS WELL				_								
Actual Prod. Test - MCF/D	Length of	Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size				
VL OPERATOR CERTIFIC	CATE O	F COMP	LIA	NC	E			:	-1			
I hereby certify that the rules and reg	ulations of th	e Oil Conser	vation					NSERV	ATION	DIVISION	NC	
Division have been complied with an is true and complete to the best of my			en abo	ve			_		۸۵	PR 17	1000	
a are and confidence in the new or in)	anow sough	est venen.				Date	Approve	ed	<u> Ar</u>	<u> </u>	1989	
Shulen lodd						D.						
Signature Shirley Todd						∥ By_						
Printed Name		, -	Tale			Titlo						
4/12/89 Date		(915)	688-		<u>85 </u>							
L/ALC		1 616	private	140.		H						

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.

APR 14 1949 HOBES TIPMES