State of New Mexico Energy, Minerals and Natural Resources Department

District I PO Box 1980, Hobbs, NM 88241-1980 District II PO Drawer DD, Artesia, NM 88211-9719 1000 Rio Brazos Rd., Aztec, NM 87410 District IV

OIL CONSERVATION DIVISION P.O. Box 2088

Revised February 10, 1994 Instructions on back Submit to Appropriate District Office 5 Copies

Santa Fe, New Mexico 87504-2088

Form C-104

PO Box 2008, Santa Fe	s, NM 8750	14-2988								A	MENDED REPOR
<u>I.</u>		REQUI	EST <u>FOR</u>	. ALLOV	VA <u>BL</u> F	E AND A	UTHO	RIZAT	TION TO TH	RANSPO	RT
Operator name and Address 2 OGRID Number											
		Mobil Exp	ploration &	Producir	ng U.S.	Inc.				01514	
		12450 Gi	t for Mobil reenspoint	t Drive	g ix a	NM Inc.			³ Re	ason for Filin	
ļ	~* * f	Houston,	, TX 7706			* 5 -1 M			<u> </u>	RC	
	API Numb					5 Pool N	ame				⁶ Pool Code
	25-29				SOUTH	SHOE BAR		PENN			56285
•	perty Coo	de				8 Property				,	9 Well Number
<u> </u>	8031 Surfac	ce Locati	·		LOVING I	TON DEEP	AMOCO :	STATE		<u>L</u>	1
UI or lot no.	Surfac			Lot. Idn	Fee	et from the	Thiorth/S	outh Line	Feet from the	East/West I	
E E	06	1			1,	1980			ł	1	
		m Hole I				1980	110	ORTH	660	WEST	LEA
UI or lot no.	Section			Lot. Idn	1 Fee	et from the	North/S	outh Line	Feet from the	East/West 1	ine County
12 Lse Code	13 Prod	ucing Method	1 Code 14 Ga	as Connection	1 Date	15 C-129 Per	rmit Numbe	er 16	C-129 Effective	Date 1	C-129 Expiration Date
S	<u></u>	Р		4/07/88	<u>, </u>	·					
III. Oil and	d Gas										
18 Transporter OGRID		19	Transporter N and Address			20 POD)	21 O/G		D ULSTR Lo	
									-	and Description	on
022628	100000000000000000000000000000000000000		V MEXICO F		240			0			
1994		.0. 607 .	528, nobe	5, NM 00	240						
024650	V	VARREN PI	ETROLEUM	CO.		200000000000000000000000000000000000000		G			
	Р.	.O. BOX 1	150	0 0.							
	M	IIDLAND, T	X 79701								
	****				ļ						
IV. Produc	201 W	Totor									
23 POD	<u>:tu vv</u>	alei				24 POD ULS	STR Location	on and Des	eription		
							· - ·	***	<u></u>		
V. Well Co	omnle	L Ption Dat									
25 Spud Da		HUII Duc	26 Ready Dat	te	T	²⁷ TD	 T	2	g PBTD	7 2	9 Perforations
			5/17/9			15,272'			0,900'		IPPER PENN
30 H	Iole Size		³¹ Car	sing & Tubing	g Size		32 De	epth Set		³³ Sacl	ks Cement
	20'			16"				487			400 SX
14	3/4"			10 3/4'				5163			650 SX
	1/2"							*			<u> </u>
			 								
VI. Well T	1/2" Test Da	ata .	<u></u>								
34 Date New C			livery Date	36 Te	st Date	37	Test Length		38 Tbg. Pressure	e	39 Csg. Pressure
		İ		09/	05/94		24		30		-
⁴⁰ Choke Size		41 (Vater		24 43 Gas	+	44 AOF		45 Test Method
1-1/2"			3		0		80		• -		P
46 I hereby certify		L		on Division h			OIL CONSERVATION DIVISION				
complied with and	d that the	information g						IL COM	SERVATIO	N DI VISI	ON
Signature:	1	and benef.	1 1	·		Approved	by:		•	· · · · · · ·	Ì
Printed name:			<u> </u>	<u> </u>		Title:					A.
Patricia B. Sw	vanner	<u></u>									
Title: Regulatory Te	achnic	al/Assist:	ant			Approval	Date:	HJY	2 2 1994		·
Date: 10/25/5		all nou.	Phone:	777 200		#			~ NO.		
		CH !-		775-208		<u> </u>					
⁴⁷ If this is a cha	ange or o	perator mum	the Ookid in	imper and na	ine of the p	previous oper	.ator				T T

New Mexico Oil Conservation Division C-104 Instructions

IF THIS IS AN AMENDED REPORT, CHECK THE BOX LABLED "AMENDED REPORT" AT THE TOP OF THIS DOCUMENT

Report all gas volumes at 15.025 PSIA at 60°. Report all oil volumes to the nearest whole barrel.

A request for allowable for a newly drilled or deepened well must be accompanied by a tabulation of the deviation tests conducted in accordance with Rule 111.

All sections of this form must be filled out for allowable requests on new and recompleted wells.

Fill out only sections I, II, III, IV, and the operator certifications for changes of operator, property name, well number, transporter, or other such changes.

A separate C-104 must be filed for each pool in a multiple completion.

Improperly filled out or incomplete forms may be returned to operators unapproved.

- 1. Operator's name and address
- Operator's OGRID number. If you do not have one it will be assigned and filled in by the District office. 2.
- 3.

Reason for filing code from the following table:

NW New Well

RC Recompletion

CH Change of Operator

AO Add oil/condensate transporter

CO Change oil/condensate transporter

AG Add gas transporter

CG Change gas transporter

RT Request for test allowable (Includensed) NW New Well
RC Recompletion
CH Change of Operator
AO Add oil/condensate transporter
CO Change oil/condensate transporter
AG Add gas transporter
AG CG Change gas transporter
RT Request for test allowable (Include vo requested)
If for any other reason write that reason in this box. test allowable (Include volume

- 4. The API number of this well
- The name of the pool for this completion
- 6. The pool code for this pool
- 7. The property code for this completion
- 8. The property name (well name) for this completion
- 9. The well number for this completion
- The surface location of this completion NOTE: If the United States government survey designates a Lot Number for this location use that number in the 'UL or lot no.' box. Otherwise use the OCD unit letter. 10.
- 11. The bottom hole location of this completion
- 12. Lease code from the following table:

Federal State Fee

Jicarilla

Navaio

Ute Mountain Ute Other Indian Tribe

- The producing method code from the following table: 13. Flowing Pumping or other artificial lift
- MO/DA/YR that this completion was first connected to a gas transporter 14.
- 15. The permit number from the District approved C-129 for this completion
- MO/DA/YR of the C-129 approval for this completion 16.
- MO/DA/YR of the expiration of C-129 approval for this 17.
- The gas or oil transporter's OGRID number 18.
- Name and address of the transporter of the product 19.
- The number assigned to the POD from which this product will be transported by this transporter. If this is a new well or recompletion and this POD has no number the district office will assign a number and write it here. 20.
- Product code from the following table: 21.

- The ULSTR location of this POD if it is different from 22. well completion location and a short description of the Principle: "Battery A", "Jones CPD",etc.)
- The POD number of the storage from which water is mov-from this property. If this is a new well or recompletion a this POD has no number the district office will assign number and write it here. 23.
- The ULSTR location of this POD If it is different from well completion location and a short description of the P (Example: "Battery A Water Tank", "Jones CPD Wa Tank", etc.) 24.
- 25. MO/DA/YR drilling commenced
- 26. MO/DA/YR this completion was ready to produce
- 27 Total vertical depth of the well
- 28. Plugback vertical depth
- 29. Top and bottom perforation in this completion or cae shoe and TD if openhole
- 30. ineide diameter of the well bore
- 31. Outside diameter of the casing and tubing
- Depth of casing and tubing. If a casing liner show top a
- Number of sacks of cement used per casing string 33.

The following test data is for an oil well it must be from a troonducted only after the total volume of load oil is recovered.

- 34. MO/DA/YR that new oil was first produced
- 35. MO/DA/YR that gas was first produced into a pipeline
- MO/DA/YR that the following test was completed 36.
- 37. Length in hours of the test
- Flowing tubing pressure oil wells: Shut-in tubing pressure gas wells 38.
- Flowing casing pressure oil wells Shut-in casing pressure gas wells 39.
- 40. Diameter of the choke used in the test
- 41. Barrels of oil produced during the test
- 42. Barrels of water produced during the test
- 43. MCF of gas produced during the test
- 44. Gas well calculated absolute open flow in MCF/D
- The method used to test the well:

F Flowing
P Pumping
S Swabbing
If other method please write it in.

- The signature, printed name, and title of the persunthorized to make this report, the date this report will signed, and the telephone number to call for questionabout this report 46.
- The previous operator's name, the signature, printed name and title of the previous operator's representative authorized to verify that the previous operator no long operates this completion, and the date this report is signed by that person 47