

OIL CONSERVATION DIVISION

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

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator MOBIL PRODUCING TX & N.M. INC.		Well API No. 125-28213
Address 12450 Greenspoint Drive, Houston, TX 77060		
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Recompletion <input checked="" type="checkbox"/> Change in Operator <input type="checkbox"/>		Other (Please explain) <input type="checkbox"/> Casinghead Gas MUST NOT BE FLARED AFTER 1-17-94 UNLESS AN EXCEPTION TO R-4070 IS OBTAINED.
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <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 LOVINGTON DEEP AMOCO STATE	Well No. 1	Pool Name, Including Formation SOUTH SHOE BAR/WOLFCAMP	Kind of Lease State, Federal or Fee STATE	Lease No. B-10639
Location Unit Letter E 1980 Feet From The NORTH Line and 660 Feet From The WEST Line Section 6 Township 17-S Range 36-E, NMPM, LEA County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil J.M. PETROLEUM <input checked="" type="checkbox"/>	or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) 2500 ALLIANZ FINANCIAL CENTRE, DALLAS TX 75201				
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 E	Sec. 6	Twsp. 17-S	Rge. 36-E	is gas actually connected? NO	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 <input type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input checked="" type="checkbox"/>	Same Res'v <input type="checkbox"/>	Diff Res'v <input checked="" type="checkbox"/>
Date Spudded	Date Compl. Ready to Prod. 11/07/93		Total Depth 15,272'		P.B.T.D. 10,700'			
Elevations (DF, RKB, RT, GR, etc.) GR-3927	Name of Producing Formation WOLFCAMP SOUTH		Top Oil/Gas Pay		Tubing Depth			
Perforations 10,200'-10,400'					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
20"	16"		487		400 SX			
14 3/4"	10 3/4"		5163		5650 SX			
9 1/2"								
6 1/2"								

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 11/04/93	Date of Test 11/06/93	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 HOURS	Tubing Pressure 640#	Casing Pressure	Choke Size 12/64
Actual Prod. During Test	Oil - Bbls. 344	Water - Bbls. 48	Gas - MCF 0

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.

Signature
Patricia B. Swanner
Printed Name
11/10/93
Date
Reg.Tech/Asst. III
(713) 775-2081
Title
Telephone No.

OIL CONSERVATION DIVISION

Date Approved NOV 17 1993
By ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR
Title

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- All sections of this form must be filled out for allowable on new and recompleted wells.
- Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- Separate Form C-104 must be filed for each pool in multiply completed wells.