

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE	
TRANSPORTER	<input type="checkbox"/> OIL <input type="checkbox"/> GAS
OPERATOR	
PRODUCTION OFFICE	

OIL CONSERVATION DIVISION

P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

Form C-104  
Revised 10-01-78  
Format 08-01-83  
Page 1

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator Mobil Producing TX & NM Inc.

Address 9 Greenway Plaza, Suite 2700, Houston, TX 77046

Reason(s) for filing (Check proper box) Change in Transporter of: Other (Please explain)

☒ New Well ☐ Oil ☐ Dry Gas

☐ Recompletion ☐ Casinghead Gas ☐ Condensate

☐ Change in Ownership

\*\*\*CONFIDENTIAL WELL\*\*\*

If change of ownership give name and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Lovington Deep Amoco State</u>	Well No. <u>1</u>	Pool Name, including Formation <u>Undesignated-Permian-Penn</u>	Kind of Lease <u>State, Federal or Fee State</u>	Lease No. <u>B-10639</u>
Location				
Unit Letter <u>E</u>	: <u>1930</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>West</u>			
Line of Section <u>6</u>	Township <u>17-S</u>	Range <u>36-E</u>	NMPM, <u>Lea</u>	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)
<u>JM Petroleum Corporation</u>	<u>2500 Allianz Financial Centre, Dallas, TX 75201</u>
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)
<u>Warren Petroleum</u>	<u>Box 1150, Midland, TX. 79701</u>
If well produces oil or liquids, give location of tanks.	Is gas actually connected? <span style="margin-left: 100px;">When</span>
<u>Unit E Sec. 6 Twp. 17-S Rge. 36-E</u>	<u>Yes</u> <span style="margin-left: 100px;"><u>1-21-87</u></span>

If this production is commingled with that from any other lease or pool, give commingling order number: \_\_\_\_\_

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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 is true and complete to the best of my knowledge and belief.

[Signature]  
(Signature)  
Authorized Agent

January 23, 1987  
(Date)

OIL CONSERVATION DIVISION

APPROVED JAN 30 1987, 19\_\_\_\_

BY ORIGINAL SIGNED BY JERRY SEXTON

TITLE DISTRICT I SUPERVISOR

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

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

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.

#### IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X		X					
Date Spudded 7-15-86	Date Compl. Ready to Prod. 1-19-87			Total Depth 15272			P.B.T.D. 12705		
Elevations (DF, RKB, RT, CR, etc., KB-3949, GR-3927		Name of Producing Formation Penn.			Top Oil/Gas Pay 10746			Tubing Depth 10600	
Perforations 10746-10748, 10756-10763, 10770-10784, 10792-10794					Depth Casing Shoe -				

#### TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
20"	16"	487	400x-C
14-3/4"	10-3/4"	5163	5650x-C
9-1/2"	7-5/8"	LINER 4949-13100	260x-H

#### V. TEST DATA AND REQUEST FOR ALLOWABLE (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 Tanks 11-20-86	Date of Test 1-21-87	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hours	Tubing Pressure 900	Casing Pressure -	Choke Size 12/64
Actual Prod. During Test	Oil - Bbls. 326	Water - Bbls. 3	Gas - MCF 400

#### GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (plot, back pr.)	Tubing Pressure (Start-1b)	Casing Pressure (Start-1b)	Choke Size