

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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U.S.S.A.	
LAND OFFICE	
TRANSPORTER	OIL
	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):

<input checked="" type="checkbox"/> New Well	Change in Transporter of:	Other (Please explain)
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	<input type="checkbox"/> Condensate

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lessee Name Lovington Deep Ambco State	Well No. 2	Pool Name, including Formation South Shoe Bar - Devonian	Kind of Lease State, Federal or Fee	State State	Lease No B-10639
Location					
Unit Letter L	1830	Feet From The South	Line and 510	Feet From The West	
Line of Section 6	Township 17-S	Range 36E	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"/> Texas-New Mexico Pipeline Co.	Address (Give address to which approved copy of this form is to be sent) Box 2528, Hobbs, New Mexico 88240
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum	Address (Give address to which approved copy of this form is to be sent) Box 1150, Midland, TX 79701
If well produces oil or liquids, give location of tanks.	Unit A
Sec. 1	Twp. 17S
Rge. 35E	Is gas actually connected? Yes
	When 4-23-87

If this production is commingled with that from any other lease or pool, give commingling order number: PLC-75

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.

*Gladys M. Suttula*  
(Signature)

Authorized Agent

5-5-87

(Title)

(Date)

OIL CONSERVATION DIVISION

APPROVED MAY 22 1987, 19

BY ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I SUPERVISOR

TITLE

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 deviated 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 multiple completed wells.

#### IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Dill. Res.
		X		X					
Date Spudded 2-7-87	Date Compl. Ready to Prod. 4-22-87	Total Depth 12742				P.B.T.D. 12730			
Elevations (DF, RKB, RT, GR, etc.) KB-3949, GR-3929	Name of Producing Formation Devonian	Top Oil/Gas Pay 12664				Tubing Depth 10024			
Perforations 12664-12714						Depth Casing Shoe			

#### TUBING, CASING, AND CEMENTING RECORD

MOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2	13 3/8	450	450 x C1-C
12 1/4	9 5/8	5150	2800 x C1-C
8 3/4	5 1/2	12740	2825 x C1-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 4-8-87	Date of Test 4-29-87	Producing Method (Flow, pump, gas lift, etc.) 2" 9A Jet Pump	
Length of Test 24 hours	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls. 231	Water - Bbls. 62	Gas - MCF 31

#### GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (prod. back pr.)	Tubing Pressure (Start-End)	Casing Pressure (Start-End)	Choke Size

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