

Submit 5 Copies  
Appropriate District Office  
DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

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

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

State of New Mexico  
Energy, Minerals and Natural Resources Department

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

Form C-104  
Revised 1-1-89  
See Instructions  
at Bottom of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator MOBIL PRODUCING TX & N.M. INC.	Well API No. 30-025-30044
Address 12450 Greenspoint Drive, Houston, TX 77060-1991	
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Change in Transporter of: <input checked="" type="checkbox"/> Other (Please explain) Recompletion <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> R/C IN THE WOLFCAMP Change in Operator <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 STATE	Well No. 2	Pool Name, including Formation UPPER PENN & WOLFCAMP	Kind of Lease State, Federal or Fee STATE	Lease No. LG-3362
Location Unit Letter I : 660 Feet From The EAST Line and 1830 Feet From The SOUTH Line Section 1 Township 17S Range 35E, NMPM, LEA County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil TEXAS/NEW MEXICO P/L CO.	<input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 2528, HOBBS, NM 88240				
Name of Authorized Transporter of Casinghead Gas WARREN PETROLEUM COMPANY	<input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 1150, MIDLAND, TX 79701				
If well produces oil or liquids, give location of tanks.	Unit 1	Sec. 1	Twp. 17S	Rge. 35E	Is gas actually connected? YES	When? 11/27/87
If this production is commingled with that from any other lease or pool, give commingling order number: R-9917						

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well X	Gas Well	New Well	Workover	Deepen	Plug Back X	Same Res'v	Diff Res'v X
Date Spudded 11/16/93	Date Compl. Ready to Prod. 1/18/94		Total Depth 10,955'		P.B.T.D. 10,930			
Elevations (DF, RKB, RT, GR, etc.) 3945 KB	Name of Producing Formation UPPER PENN & WOLFCAMP		Top Oil/Gas Pay 10,284'		Tubing Depth 10,216'			
Perforations 10,284-10,380'					Depth Casing Shoe NA			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE 17-1/2"	CASING & TUBING SIZE 13-3/8"		DEPTH SET 466'		SACKS CEMENT 500 SXS CLASS "C"			
12-1/4"	8-5/8"		5200'		3290 SXS CLASS "H"			

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 1/19/94	Date of Test 3/7/94	Producing Method (Flow, pump, gas lift, etc.) P	
Length of Test 24	Tubing Pressure 150	Casing Pressure 0	Choke Size NA
Actual Prod. During Test	Oil - Bbls. 13	Water - Bbls. 9	Gas- MCF 49

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  
3/24/94  
Date  
Reg. Tech/Asst. III  
(713) 775-2081  
Telephone No.

OIL CONSERVATION DIVISION

Date Approved MAR 30 1994  
By  
Title ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I SUPERVISOR

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.

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MAR 2 1954

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