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State of New Mexico
Geology, 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. 30-025-31042
Address *Mobil Exploration & Producing U.S. Inc., as Agent for Mobil Producing TX. & N.M. Inc. P. O. Box 633, Midland, Texas 79702		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input checked="" type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
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 AMOCO STATE	Well No. 3	Pool Name, Including Formation <i>Indesignated Wolfcamp</i> SOUTH SHOE BAR UPPER PENN	Kind of Lease State, Federal or Fee STATE	Lease No. B-10639
Location				
Unit Letter N	1745	Feet From The WEST	Line and 730	Feet From The SOUTH
Section 6	Township 17S	Range 36E	NMPM,	LEA County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil TEXAS-NEW MEXICO PIPELINE <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) BOX 2528, HOBBS, NM 88240					
Name of Authorized Transporter of Casinghead Gas WARREN PETROLEUM <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) BOX 1150, MIDLAND, TX 79702					
If well produces oil or liquids, give location of tanks.	Unit U	Sec. 1	Twp. 17S	Rge. 35E	Is gas actually connected? YES	When? 3/15/88
If this production is commingled with that from any other lease or pool, give commingling order number:						PLC-75

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well X	Gas Well	New Well	Workover X	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 5/6/91	Date Compl. Ready to Prod. 5/23/91		Total Depth 12721		P.B.T.D. 10750			
Elevations (DF, RKB, RT, GR, etc.) 3917	Name of Producing Formation WOLFCAMP		Top Oil/Gas Pay		Tubing Depth			
Perforations 10200-10296 (148 HOLES)					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE 13-3/8	CASING & TUBING SIZE 48		DEPTH SET 450		SACKS CEMENT 500			
8-5/8	32		5350		2100			

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 5/24/91	Date of Test 6/5/91	Producing Method (Flow, pump, gas lift, etc.) PUMP	
Length of Test 24	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls. 84	Water - Bbls. 5	Gas - MCF

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 *J. W. Dixon*
J. W. DIXON ENGINEERING TECHNICIAN
Printed Name
6/14/91 (915) 688-2452
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved _____
By _____
Title _____

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.