

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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SANTA FE	
FILE	
U.S.G.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"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	<input type="checkbox"/> Dry Gas
		<input type="checkbox"/> Condensate

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>3</u>	Pool Name, including Formation <u>South Shoe Bar-Devonian</u>	Kind of Lease State, Federal or Fee <u>State</u>	Lease No. <u>B-10639</u>
Location Unit Letter <u>N</u> : <u>1745</u> Feet From The <u>West</u> Line and <u>730</u> Feet From The <u>South</u>				
Line of Section <u>6</u> Township <u>17-S</u> Range <u>36-E</u> , 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"/> <u>Texas - New Mexico Pipeline Co.</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 2528, Hobbs, NM 88240</u>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Warren Petroleum</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 1150, Midland, TX 79701</u>
If well produces oil or liquids, give location of tanks.	Unit : <u>A</u> Sec. : <u>1</u> Twp. : <u>17S</u> Rge. : <u>35E</u> Is gas actually connected? <u>Yes</u> When <u>3-15-88</u>

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.

Nancy Lewis
(Signature)

Mobil Exploration & Producing U.S. Inc.
as Agent for Mobil Producing TX & NM Inc.

3-22-88

(Title)

(Date)

OIL CONSERVATION DIVISION

MAR 25 1988

APPROVED _____
BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT 1 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 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 11-19-87	Date Compl. Ready to Prod. 3-4-88		Total Depth 12725		P.B.T.D. 12685				
Elevations (DF, RKB, RT, CR, etc.), KB-3933	Name of Producing Formation Devonian		Top Oil/Gas Pay 12660		Tubing Depth 11954				
Perforations 12660-12685					Depth Casing Shoe				

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2	13 3/8	450	500 sx
11	8 5/8	5350	2100 sx
7 7/8	5 1/2	12725	2300 sx

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 3-4-88	Date of Test 3-15-88	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs.	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls. 99	Water - Bbls. 266	Gas - MCF 17

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate 52.1 @ 60°
Testing Method (puot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

RECEIVED
MAR 24 1988
OCCD
HOBBS OFFICE