

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 08-01-83
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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PROMOTION OFFICE	

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"/> Casingshead 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>North Vacuum Abo East Unit</u>	Well No. <u>23</u>	Pool Name, including Formation <u>Vacuum, North Abo</u>	Kind of Lease State, Federal or Fee <u>State</u>	Lease No. <u>B-1527</u>
Location				
Unit Letter <u>N</u>	<u>1359</u> Feet From The <u>West</u> Line and <u>660</u> Feet From The <u>South</u>			
Line of Section <u>7</u>	Township <u>17-S</u>	Range <u>35-E</u>	<u>NMPM</u> , <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>See Reverse</u>	
Name of Authorized Transporter of Casingshead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Phillips 66 Natl Gas</u>	<u>Phillips Bldg., Bartlesville, OK 74004</u>
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit <u>N</u> Sec. <u>7</u> Twp. <u>17S</u> Rge. <u>35E</u>	<u>Yes</u> <u>4-7-88</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.
5-3-88
(Date)

OIL CONSERVATION DIVISION

APPROVED MAY 10 1988, 19____
BY Paul Knutz
TITLE Geologist

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

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Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Dill. Res'v.
		X		X					
Date Spudded 2-14-88	Date Compl. Ready to Prod. 3-24-88		Total Depth 8950			P.B.T.D. 8846			
Elevations (DF, RKB, RT, CR, etc.) GL-4011	Name of Producing Formation Abo		Top Oil/Gas Pay 8654			Tubing Depth TAC-8461			
Perforations 8654-8704						Depth Casing Shoe -			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2	13 3/8	405	450 SX
11	8 5/8	5000	1750 SX
7 7/8	5 1/2	4205-8950	1200 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 3-24-88	Date of Test 4-7-88	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. 45	Water - Bbls. 50	Gas - MCF 15

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate 35.0 @ 60°
Testing Method (prior, back pr.)	Tubing Pressure (Shut-In)	Casing Pressure (Shut-In)	Choke Size

Name of Authorized Transporter of Oil:

87.5% Mobil Pipeline Co. Box 900, Dallas, TX 75221

12.5% Southern Union Rfg. Co. 1st International Bldg., Suite 1800, Dallas, TX 75270