

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT II

P.O. Drawer DD, Artesia, NM 88210

DISTRICT III

1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Mobil Producing TX. & N.M. Inc.*	Well API No. 30-025-30226
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 checked="" 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 STATE	Well No. 3	Pool Name, Including Formation UNDESIGNATED WOLFCAMP	Kind of Lease State, Federal or Fee STATE	Lease No. LG-3362
Location Unit Letter G 1874 Feet From The NORTH Line and 1980 Feet From The EAST 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 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 79701					
If well produces oil or liquids, give location of tanks.	Unit G	Sec. 1	Twp. 17S	Rge. 35E	Is gas actually connected? YES	When? 4/7/88
If this production is commingling 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	Deepen	Plug Back X	Same Res'v	Diff Res'v X
Date Spudded 1/13/91	Date Compl. Ready to Prod. 1/23/91		Total Depth 11000		P.B.T.D. 10623			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation WOLFCAMP		Top Oil/Gas Pay		Tubing Depth 2-3/8 @ 10130			
Perforations WOLFCAMP 10248-10436 (138 HOLES)					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE 17-1/2	CASING & TUBING SIZE 13-3/8		DEPTH SET 478		SACKS CEMENT 500			
11	8-5/8		5200		1700			
7-7/8	5-1/2 LINER		4890-11000		1250			

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.)

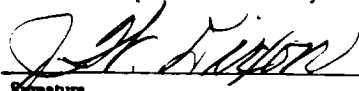
Date First New Oil Run To Tank 1-26/91	Date of Test 1-26-91	Producing Method (Flow, pump, gas lift, etc.) FLOWING	
Length of Test 24	Tubing Pressure NA	Casing Pressure NA	Choke Size 15/64
Actual Prod. During Test	Oil - Bbls. 367	Water - Bbls. 24	Gas - MCF 463

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 ENGINEERING TECHNICIAN

Printed Name
2/12/91 Title
(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.