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

State of New Mexico Energy, Minerals and Natural Resources Department

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

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.	·	TO TRA	NSP	O TRC	L AND NA	TURAL G	AS				
Operator Mobil Exploration & Mobil Producing TX & N.M.	Producing U.S. Inc., as Agent				Well			API No.			
Box 633 Midland, TX 7970)2						30) - 025-30	1226		
Box 633, Midland, TX	79702										
Reason(s) for Filing (Check proper box)				-	Orl	ner (Piease expl	laia)				
New Well		Change is	Transpo	rter of:		m (r iems expa		quest t	est all	lowable	
Recompletion	Oil		Dry Ga		(of 2000 b					
Change in Operator	Caninghea	d Gas 🔲	Conden	state 🔲						nuary, 199	
If change of operator give name and address of previous operator											
•										-	
IL DESCRIPTION OF WELL	AND LEA				 						
Lovington Deep State		Well No. Pool Name, Include 3 Undesignat			I			of Lease No.			
Location			_ Onde	SIGNA	LEG WOIL	Сашр	X	Enderal or Fo	LG-	-3362	
Unit LetterG	. 187	4		_ N	orth -	1000			-		
OE DEET	- :	<u>. </u>	POOL PT	om The 🕮	OI CH	1980	F	eet From The	East	Line	
Section 1 Townshi	17S		Range	35E	. N	MPM. Le	ea .			C	
			_							County	
III. DESIGNATION OF TRAN 113 mm of Authorized Transporter of Oil	SPORTE	R OF OI or Conden		D NATU	JRAL GAS				_		
Texas-New Mexico Pipe	ant.		Address (Give address to which approved copy of this form is to be sent) Box 2528, Hobbs, NM 88240								
Name of Anthonized Transporter of Casia											
Warren Petroleum		\square	or Dry Gas		Address (Give address to which approve			d copy of this form is to be sent)			
If well produces oil or liquids,	Unit	Sec.	Twp. Rge.		Box 1150, Midland			TX 79701			
rive location of tanks.	G	1	17:	: -	1 -	y compount:	j wasi	4/7/88			
If this production is commingled with that	from any other	r lease or p				ber: PL(2 - 75	4///00			
IV. COMPLETION DATA											
Designate Type of Completion	- 00	Oil Well	G	es Well	New Well	Workover	Deepea	Plug Back	Same Res'v	Diff Res'v	
Date Spudded		Boods to			Total Name		<u></u>	<u> </u>	İ.		
	Date Compl. Ready to Prod.				Total Depth	Total Depts					
Elevations (DF, RKB, RT, GR, etc.)	Name of Pr	oducine Fo	(IDSUOR		Top Oil/Ges	Pay					
		The state of the s							Tubing Depth Depth Casing Shoe		
Perforations											
									_		
1121 5 200	1	TUBING, CASING AND					D				
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
											
V. TEST DATA AND REQUES	T FOR A	LLOWA	BLE								
OIL WELL (Test must be after n	ecovery of tol	al volume a	of load o	il and mus	be equal to or	exceed top allo	nvable for thi	depth or be	for full 24 hos	urs)	
Date First New Oil Run To Tank	Date of Test				Producing M	thod (Flow, pu	mp. gas lift, e	sc.)			
Leagth of Test	T. 1				Comment			T=			
	Tubing Pressure				Cating Press	Casing Pressure			Choke Size		
Actual Prod. During Test	Oti - Bbis.				Water - Bbis			Gas- MCF			
GAS WELL	•							<u> </u>			
Actual Prod. Test - MCF/D	Leagth of Test				Bbis. Conden	mte/MMCF		Gravity of C	and an artic		
_								CLEVRY CI C	CONCERNIALE		
Testing Method (pitet, back pr.)	ethod (pisot, back pr.) Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFIC.				CE							
I hereby certify that the rules and regula	tions of the C	Dil Conserv	ation			DIL CON	ISERV.	NOITA	DIVISIO	NC	
Division have been complied with and to it true and complete to the best of my k	hat the information	mation give Chelief	a above							n ≠	
	12	ocalca.			Date	Approved	d			. }	
Medel of	1/1/1/11	7/			11						
Sugnatury Judy Privan	·viere				By_						
Judy/Dixon Presed Name	E	nginee		<u>Tec</u> hi	H cian			_			
1/18/91	6	88-245	Tale 52		Title					_	
Date			bone No).	1)						
		·			11						

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

7 7

JAN 2 1 1991

CC+ FORMS OFFICE