

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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TRANSPORTER	OIL
	GAS
OPERATOR	
PROMOTION 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:	
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> casinghead Gas	<input type="checkbox"/> Condensate

Other (Please explain):

If change of ownership give name and address of previous owner:

II. DESCRIPTION OF WELL AND LEASE

Lessee Name Lovington Deep State	Well No. 3	Pool Name, including Formation South Shoe Bar-Upper Penn.	Kind of Lease State, Federal or Fee	State	Lease No. LG-3362
Location					
Unit Letter <u>G</u> : <u>1874</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>East</u>					
Line of Section <u>1</u> Township <u>17-S</u> Range <u>35-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"/>	Address (Give address to which approved copy of this form is to be sent)
Texas-New Mexico Pipeline Co.	Box 2528, Hobbs, NM 88240
Name of Authorized Transporter of Casinghead 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)
Warren Petroleum	Box 1150, Midland, TX 79701
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit: <u>1</u> Sec.: <u>17S</u> Rge.: <u>35E</u>	Yes 4-7-88

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.
4-19-88 (Date)

OIL CONSERVATION DIVISION

APPROVED APR 22 1988, 19
BY Orig. Signed by Paul Kautz
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.	Diff. Res'v.
		X		X					
Date Spudded 2-20-88	Date Compl. Ready to Prod. 4-3-88			Total Depth 11000			P.B.T.D. 10950		
Elevations (DF, RKB, RT, GR, etc.) KB-3948	Name of Producing Formation Penn			Top Oil/Gas Pay 10712			Tubing Depth 10623		
Perforations 10712-10892							Depth Casing Shoe		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2	13 3/8	478	500 SX
11	8 5/8	5200	1700 SX
7 7/8	5 1/2	4890-11000	1250 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 4-3-88	Date of Test 4-7-88	Producing Method (Flow, pump, gas lift, etc.) Flowing		
Length of Test 24 hrs.	Tubing Pressure 250#	Casing Pressure 0#	Choke Size 28/64	
Actual Prod. During Test	Oil - Bbls. 268	Water - Bbls. 3	Gas - MCF 325	

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate 45.6 @ 60°
Testing method (puol, back pr.)	Tubing Pressure (Shut-In)	Casing Pressure (Shut-In)	Choke Size