Submit 5 Copies
Appropriate District Office
DISTRICT I
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

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

Santa Fe, New Mexico 87504-2088

000 Rio Brazos Rd., Aztec, NM 87410	REQ		_			BLE AND						
Operator		TO TRA	ANS	POR	T OIL	AND NA	TURAL G		API No.			
Mobil Producing TX & NM INc.							30-025-3059					
Mddress % Mobil Explorat P.O. Box 633 MIdla	ion & nd, TX		_	U.S	. IN	С.						
Reason(s) for Filing (Check proper box)	nu, ix	13102				Oth	et (Please expl	ain)				
New Well	C)	Change in	Trans	•	of:							
Recompletion	Oil Casinghe	ad Gas		densate	$\mathbf{Z}$							
change of operator give name ad address of previous operator												
L DESCRIPTION OF WELL	AND LE						7/1/8				·	
State Sec. 22 Com	Well No.								of Lease Federal or Fe		Lease No.	
ocation T		1980				South Lin		660 _		East		
Unit Letter	- <b>:</b> -		_ Feat	From 7		Line	and	Fe	et From The	_	Line	
Section 22 Township	, 17	<u>-S</u>	Rang	ge 3	5-E	, NI	ирм,	Lea			County	
I. DESIGNATION OF TRAN	SPORTE				IATU	RAL GAS			·			
ame of Authorized Transporter of Oil JM Petroleum Corp.		or Condensate			]	2500 A	Tinz 753	nch approved pancial	Centre, 2323 Bryan St. L			
ame of Authorized Transporter of Casing Phillips 66 Natural G	head Gas as Co.		or D	ry Gas	X	Address (Give Box 21)	address to w	hich approved S, NM 8	copy of this j	orm is to be se	ent)	
well produces oil or liquids,	Unit	Sec.	Twp	.	Rge.	is gas actually	connected?	When			<del></del>	
this production is commingled with that i	from any ot	her lease or	pool,	give co	mmingl	<u> </u>		I	7~20=0			
. COMPLETION DATA			· —			,			<b>.</b>			
Designate Type of Completion	- (X)	Oil Well	i	Gas V	Vell	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
ste Spudded	Date Com	pl. Ready to	o Prod	<u> </u>		Total Depth		<u> </u>	P.B.T.D.	<u> </u>		
evations (DF, RKB, RT, GR, etc.) Name of Producing Formation						Top Oil/Gas 1	Pay		Tubing Depth			
rforations	<u> </u>								Depth Casing Shoe			
							10 proop		l			
HOLE SIZE	TUBING, CASING AND C					CEMENTI	DEPTH SET			SACKS CEMENT		
							<u> </u>		<u> </u>			
TEST DATA AND REQUES L WELL (Test must be after re					d must	be eaual to or	exceed top allo	owable for this	s depth or be	for full 24 hou	rs.)	
te First New Oil Run To Tank	Date of Te		<i>0</i> ,				thod (Flow, pu			,		
agth of Test	Tubing Pro	essure				Casing Pressu	re	<del></del>	Choke Size			
- In I Daise Tea	I Bood During Test					Water - Bbis.		<del> </del>	Gas- MCF			
ctual Prod. During Test	Oil - Bbls.					77 E.01 - 1018.						
AS WELL	•											
ctual Prod. Test - MCF/D	Length of Test				Bbis. Conden	nte/MMCF		Gravity of Condensate				
ting Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size				
L ODED ATOD CEDTURE	ATE OF	: CO) (T	T T A	NICT	:	<b> </b>						
L OPERATOR CERTIFICATION  I hereby certify that the rules and regula					•		OIL CON	ISERV	ATION	DIVISIO	N	
Division have been complied with and to is true and complete to the best of my k	hat the info	rmation giv				Date	Annrove	d	MAY	3 0 19	189	
Striler Godd						POLICINAL SIGNED BY JERRY SEXTON						
Signature						∥ By_		URIGII	DISTRICT	SUPERVI	SOR	
Shirlev lodd						<b>#</b> 1						
Shirley Todd  Printed Name 5-23-89	(915)	688-2	585			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.