

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

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

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

State of New Mexico
Geology, Minerals and Natural Resources Department
OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

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

**REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS**

I.

Operator MOBIL EXPLORATION & PRODUCING U.S. INC., AS AGENT FOR		Well API No. 30-025-32413
Address MOBIL PRODUCING TX & NM INC., P.O. BOX 633, MIDLAND, TX 79702		
Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> Other (Please explain)		
New Well <input checked="" type="checkbox"/>	Oil <input checked="" type="checkbox"/>	TEMPORARY OIL TRANSPORT DURING FACILITY COMPLETION. TEST ALLOW FOR 500 BOPD FOR March 1994
Recompletion <input type="checkbox"/>	Dry Gas <input type="checkbox"/>	
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name STATE K	Well No. 12	Pool Name, Including Formation VACUUM (DRINKARD)	Kind of Lease State, Federal or Fee STATE	Lease No.
Location Unit Letter P : 330 Feet From the SOUTH Line and 990 Feet From The EAST Line Section 31 Township 17-S Range 35-E ,NMPM, LEA County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil EOTT ENERGY CORP <input checked="" type="checkbox"/>	or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) BOX 4666, HOUSTON TX 77210-4666				
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/>	or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)				
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When?
If this production is commingled with that from any other lease or pool, give commingling order number:						

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>					
Date Spudded 02-09-94	Date Compl. Ready to Prod. 03-03-94		Total Depth 8093			P.B.T.D. 8042		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation DRINKARD		Top Oil/Gas Pay 7628			Tubing Depth 7970		
Perforations 7628-7962 (400 HOLES TOTAL)						Depth Casing Shoe		
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		
11	8-5/8		1480			450 SX		
7-7/8	5-1/2		8093			800 SX		
	2-7/8 TBG		7970					

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.)

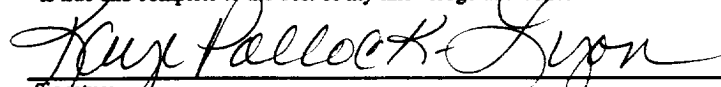
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

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
KAYE POLLOCK-LYON ENV & REG TECH
Printed Name
3-4-94 Title
Date
915-688-2584 Telephone No.

OIL CONSERVATION DIVISION

Date Approved **MAR 08 1994**
By
Title **ORIGINAL SIGNED BY JERRY SEXTON**
DISTRICT I SUPERVISOR

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- All sections of this form must be filled out for allowable on new and recompleted wells.
- Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- Separate Form C-104 must be filed for each pool in multiply completed wells.