

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 06-01-83
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 type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Dry Gas
<input checked="" type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input type="checkbox"/> Condensate
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	

Other (Please explain)

If change of ownership give name
and address of previous owner

THIS WELL HAS BEEN PLACED IN THE POOL
IF YOU DO NOT COME
NOTIFY THIS OFFICE.

II. DESCRIPTION OF WELL AND LEASE

Lease Name E. O. Carson	Well No. 21	Pool Name, including Formation Cary Montoya 8233	Kind of Lease State, Federal or Fee	Lease No.
Location Unit Letter L : 2050.7 Feet From The S Line and 589.3 Feet From The W Line of Section 28 Township 21S Range 37E, 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"/> Shell Pipe Line Co.	Address (Give address to which approved copy of this form is to be sent) Box 1008, Hobbs, NM 88240
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Getty Oil Co.	Address (Give address to which approved copy of this form is to be sent) Box 1137, Eunice, NM 88231
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. G 33 21 37
Is gas actually connected?	When yes 9-25-72

If this production is commingled with that from any other lease or pool, give commingling order number: R-2079

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)

Authorized Agent

(Title)

4-16-86

(Date)

OIL CONSERVATION DIVISION

APPROVED APR 22 1986, 19

BY ORIGINAL SIGNED BY JERRY SEXTON

TITLE DISTRICT 1 SUPERVISOR

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

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 N/A	Date Compl. Ready to Prod. 3-25-	Total Depth 7602				P.B.T.D. 7550			
Elevations (DF, RKB, RT, CR, etc.) DF-3476	Name of Producer Mont.	Top Oil/Gas Pay 7285				Tubing Depth SN @ 7454			
Perforations 7285-7312						Depth Casing Shoe			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/4	13-3/8	304	original
11	8-5/8	2892	undisturbed
7-7/8	5-1/2	7602	
	2-3/8	SN 7454	

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 3-5-86	Date of Test 4-10-86	Producing Method (Flow, pump, gas lift, etc.) pumping	
Length of Test 24 hrs.	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls. 3	Water-Bbls. 6	Gas-MCF TSTM

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate 41.0 @ 60°
Testing Method (puot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

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APR 18 1986
HOBBS OFFICE