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1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, 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

Operator MOBIL PRODUCING TEXAS & NEW MEXICO INC.		Well API No. 30-025-06981
Address 12450 GREENSPPOINT DRIVE, HOUSTON, TX 77060		
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Operator <input type="checkbox"/>		<input checked="" type="checkbox"/> Other (Please explain) CORRECTING NAMES & ADDRESSES OF TRANSPORTERS
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name E.O. CARSON	Well No. 9	Pool Name, Including Formation BLINEBRY OIL & GAS	Kind of Lease State, Federal or Fee FEE	Lease No.
Location Unit Letter <u>E</u> : <u>2051</u> Feet From The <u>NORTH</u> Line and <u>589</u> Feet From The <u>WEST</u> Line Section <u>31</u> Township <u>21S</u> Range <u>37E</u> , NMPM, LEA County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> TEXAS NEW MEXICO P/L CO.	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 1510, MIDLAND, TX 79702					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> WARREN PETROLEUM CO.	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 1150, MIDLAND, TX 79702					
If well produces oil or liquids, give location of tanks.	Unit D	Sec. 33	Twp. 21	Rge. 37E	Is gas actually connected? YES	When ? 09/20/85

If this production is commingled with that from any other lease or pool, give commingling order number: PC-717

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 12/13/93	Date Compl. Ready to Prod. 12/23/93		Total Depth 8172'		P.B.T.D. 5851'			
Elevations (DF, RKB, RT, GR, etc.) KB-3465'	Name of Producing Formation BLINEBRY OIL & GAS		Top Oil/Gas Pay		Tubing Depth			
Performances BLINEBRY 5490-5837'				Depth Casing Shoe				
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
	13 3/8"		338'		330 SX			
	8 5/8"		2900'		1500 SX			
	5 1/2"		8143'		950 SX			

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 139 MCF	Length of Test 24 HOURS	Bbls. Condensate/MMCF 43	Gravity of Condensate 39.8
Testing Method (pilot, back pr.) GAS METER	Tubing Pressure (Shut-in) 34 PSI	Casing Pressure (Shut-in) NA	Choke Size 27/64

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 Patricia B. Swanner
Printed Name Patricia B. Swanner Title Tech/Asst. III
Date 3/3/94 Telephone No. (713) 775-2081

OIL CONSERVATION DIVISION

Date Approved MAR 11 1994
By _____
Title ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

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.