

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

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 GREENSPRING DRIVE, HOUSTON, TX 77060		
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Recompletion <input checked="" type="checkbox"/> Change in Operator <input type="checkbox"/>		<input checked="" type="checkbox"/> Other (Please explain) R/C TO BLINEBRY OIL & GAS
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 E, 2051 Feet From The NORTH Line and 589 Feet From The WEST Line Section 36 Township 21S Range 37E, NMPM, LEA County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil SHELL PIPELINE COMPANY	<input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 2528, HOBBS, NM 88240				
Name of Authorized Transporter of Casinghead Gas TEXACO EXP. & PRODUCTION INC.	<input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 52332, HOUSTON, TX 77052				
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		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-3469'	Name of Producing Formation BLINEBRY OIL & GAS		Top Oil/Gas Pay		Tubing Depth 5444'			
Perforations 5490-5837'					Depth Casing Shoe NA			
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.

Patricia B. Swanner

Signature  
Patricia B. Swanner  
Printed Name  
2/15/94  
Date  
Tech/Asst. III  
Title  
(713)775-2081  
Telephone No.

OIL CONSERVATION DIVISION

FEB 28 1994

Date Approved

By

ORIGINAL SIGNED BY JERRY SEXTON

Title  
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.

2R Gary Montano da