Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NN: 88240

DISTRICT II P.O. Drawer DD, Astesia, HM 88210

rgy, Minerals and Natural Resources Departm

Revised 1-1-89
See Instructions
at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Azie:, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Operator Well API No Mobil Producing TX. & N.M. Inc.* Address *Mobil Exploration & Producing U.S. Inc, as Agent for Mobil Producing TX. &. N.M. Inc. P. O. Box 633, Midland, Texas 79702 Reason(s) for Filing (Check proper box) X Other (Please explain) New Well Change in Transporter of: REQUEST TESTING ALLOWABLE OF 2000 BBLS X Recompletion Dry Gas FOR GIE ACCUMULATED TESTING IN FEB. 1992 Casinghead Gas Condensate Change in Operator Condiniate much If change of operator give name and address of previous operator II. DESCRIPTION OF WELL AND LEASE Kind of Lease State, Federal or Fee Lease Name Well No. Pool Name, Including Formation E. O. CARSON 9 **BLINEBRY GAS POOL** FEE Location 2051 Unit Letter E Feet From The NORTH Line and 589 _ Feet From The WEST 21-5 Range 37-E Township LEA NMPM, County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent) TEXAS NEW MEXICO PIPELINE \square P.O. BOX 2528, HOBBS, NM 88240 Address (Give address to which approved copy of this form is to be sent)
P. O. BOX 2267, MIDLAND, TX 79702 Name of Authorized Transporter of Casinghead Gas ENRON-CHAPANY 7) SALL or Dry Gas X If well produces oil or liquids, give location of tanks. Twp is gas actually connected? Unit Rge. When? n 33 21 37 YES 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 Oil Well Gas Well New Well Workover Plug Back Same Res'v Diff Reav Deepen Designate Type of (Completion - (X) Date Spudded Total Depth Date Compl. Ready to Prod. P.B.T.D. Elevations (DF, RKB, RT, CR, etc.) Too Oil/Gas Pay Name of Producing Formation Tubing Depth Depth Casing Shoe 5385-5851 TUBING, CASING AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE **DEPTH SET** SACKS CEMENT V. TEST DATA ANI) 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 Cil - 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 OIL CONSERVATION DIVISION 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. Date Approved _ Signature Kaye Pollock ENGINEERING TECHNICIAN Printed Name (915) 688- 2584 Title_ 02-25-92

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

Date

- 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.

Telephone No.

- 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.

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