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THATE UP ILEW MEXICO				
ENERGY MO MINERALS DEPARTMEN	г		Form C-104	
			Revised 10	
DISTRIBUTION			NI Format 064	01-83
BANTA PE	OIL CONSERVA	ATION DIVISIO	IN Page 1	
FILE	P. O. BO			• • •
U.8.0.8.	SANTA FE, NEV	N MEXICO 87501		
LAND OFFICE				
TRANSPORTER OIL GAS	REQUEST FO	R ALLOWABLE		
OPERATOR	•			
PAORATION OFFICE	AUTHORIZATION TO TRANS	ND PORT OIL AND NATUR	AL GAS	•
•				
Mobil Producing T	K & NM Inc.			
Address		770/(		
9 Greenway Plaza, Reeson(s) for filing (Check proper box)	Suite 2700, Houston, TX	77046 Other (Please	explain j	
New Wall	Change in Transporter of:			
		ry Gas		
Recompletion	8 8			
Change in Ownership	Casinghead Gas	ondensate		
1. DESCRIPTION OF WELL AND Lesse Name E.O. Carson	Well No. Pool Name, Including F		Kind of Lease State, Federal or Fee Foo	Lease No.
the second se	9 Cary Montoya		State, Federal or Fee Fee	_1
Unit Letter:2(	)51 Feet From The North Lir	ne and <u>589</u>	Feet From The West	
Line of Section 33 Tow	mship 21-S Range	37-Е , ммрм,	Lea	County
II. DESIGNATION OF TRANSP	ORTER OF OIL AND NATURAL	LUAJ	which approved copy of this form is	to be senti
Shell Pipe Line Co	mpany	Box 1908, Hobb	<u>s, NM 88240</u>	10 ko 07-01
Name of Authorized Transporter of Cas	inghead Gas 📉 or Dry Gas 🗖		which approved copy of this form is	io de serij
Northern Natural (	Gas Co.	Box 3316, Midl.	and, TX 79701	
	Unit Sec. Twp. Rgs.	Is gas actually connected	d? When	
If well produces oil or liquide, give location of tanks.	D 33 21 37	Yes	9-2()-85	
I this production is commingled wit	h that from any other lease or pool,	give commingling order	number: PC-717	
NOTE: Complete Ports IV and V	on reverse side if necessary.			
A. CERTIFICATE OF COMPLIA	NCE		INSERVATION DIVISION	
			IAN 2 9 1986	

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.

(Signature Authorized Agent

(Title)

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(Dete)

C	DIL CONSERVATION DIVISION	
APPROVED.	JAN 2 9 1986	, 19
BY	Eddie W. Secry	
TITLE		

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

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Designate Type of Completion	on – (X)	OII Well	Gas Well 1	New Well	Workover	Deepen I	Plug Back	Same Restv.	Diff. Res'v.
Date Spudded	Date Compl	Ready to P	rod.	Total Depti			P.B.T.D.	±	•·
Elevations (DF, RKB, RT, GR, etc.)	Name of Pro	oducing Form	nation	Top Oil/Ge	s Pay		Tubing Dep	th	<u> </u>
Perforations	4			<u> </u>		<u> </u>	Depth Casir	ig Shoe	
		TUBING,	CASING, AN	D CEMENTI	NG RECOR	5	<u></u>		
HOLE SIZE CASI	IG & TUBI	NG SIZE	1	DEPTH SE	т	SACKS CEMENT			
						····			
	<u> </u>							· · · · · · · · · · · ·	
	<u> </u>		·						
L	L								

## 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 allow-OIL WELL cble for this depth or be for full 24 hours)

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

## GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (puol, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-18)	Choke Size

RECENCED 1988 e<sup>g</sup> nal O.C.O. HOMBS OFFICE