

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PROMOTION OFFICE	

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

Form C-104
Revised 10-01-78
Format 08-01-83
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:	Other (Please explain) <u>R/C from Cary Montoya Pool to the Hare Simpson. *See reverse side for testing allowable remarks.</u>
<input checked="" type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> casinghead Gas	
	<input type="checkbox"/> Dry Gas	
	<input type="checkbox"/> Condensate	

If change of ownership give name and address of previous owner _____

115 bbl test allowable May 1987

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>E. O. Carson</u>	Well No. <u>10</u>	Pool Name, including Formation <u>Hare Simpson</u>	Kind of Lease State, Federal or Fee <u>Fee</u>	Lease No.
Location				
Unit Letter <u>F</u>	<u>2051</u>	Feet From The <u>North</u> Line and <u>1909</u>	Feet From The <u>West</u>	
Line of Section <u>33</u>	Township <u>21S</u>	Range <u>37E</u>	<u>NMPM</u>	Lea County

Canceled Cary Montoya

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Shell Pipe Line Company</u>	<u>Box 1008, Hobbs, NM 88240</u>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Texaco Producing Inc.</u>	<u>Box 1137, Eunice, NM 88231</u>
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit <u>D</u> Sec. <u>33</u> Twp. <u>21S</u> Rge. <u>37E</u>	<u>No</u>

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

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.

Maury M. Sullivan
(Signature)

Authorized Agent

(Title)

5-20-87

(Date)

OIL CONSERVATION DIVISION

APPROVED MAY 26 1987, 19

BY ORIGINAL SIGNED BY JERRY SEXTON
TITLE DISTRICT I SUPERVISOR

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepens well, this form must be accompanied by a tabulation of the deviated 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 multiple completed wells.

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well X	Gas Well	New Well	Workover	Deepen X	Plug Back	Same Res'v.	Dill. Res
Date Spudded 7-6-72	Date Compl. Ready to Prod. 5-7-87	Total Depth 8216	P.B.T.D. 8000					
Elevations (DF, RKB, RT, CR, etc.), DF-3464	Name of Producing Formation Hare Simpson	Top Oil/Gas Pay 7912	Tubing Depth 7904					
Perforations Hare Simpson Formation 7912-7914 & 7922-7931						Depth Casing Shoe		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	13 3/8	327	Original Casing
	9 5/8	3787	" "
	7	6620	" "
	5 Liner	6067-8216	" "

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 Tanks 4-29-87	Date of Test No Test	Producing Method (Flow, pump, gas lift, etc.) S.I. 5-12-87	
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	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Start-End)	Casing Pressure (Start-End)	Choke Size

*From 4-29-87 thru 5-12-87 while this well was on test the well produced a total of 115 bbls. of oil prior to shut-in of this well, we respectfully request an allowable to move this production.

RECEIVED
MAY 22 1987
OCD
HOBBS OFFICE