

Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

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

DISTRICT III
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 TX. & N.M. INC.		Well API No. 30-025-07012
Address c/o Mobil Exploration & Producing U.S. Inc. Box 633, Midland, TX 79702		
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Recompletion <input checked="" type="checkbox"/> Change in Operator <input type="checkbox"/>		<input type="checkbox"/> Other (Please explain) Change in Transporter of: Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input checked="" 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 Marshall Com	Well No. 2	Pool Name, including Formation Blinebry Gas	Kind of Lease State, Federal or Fee XX	Lease No.
Location Unit Letter F : 1980 Feet From The North Line and 1980 Feet From The West Line Section 34 Township 21S Range 37E, NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
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)	
Enron Gas Pipeline <u>Northern Natl. Gas</u>	11525 W. Carlsbad Highway, Hobbs, NM 88240	
If well produces oil or liquids, give location of tanks.	Unit D	Sec. 34
	Twp. 21S	Rge. 37E
	Is gas actually connected? No-connected to When? 10/12/90	
	Texaco plant in Eunice for testing	

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well X	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 2/20/39	Date Compl. Ready to Prod. 10/5/81	Total Depth 6619	P.B.T.D. 6387					
Elevations (DF, RKB, RT, GR, etc.) 3443' DF	Name of Producing Formation Blinebry	Top Oil/Gas Pay 5130	Tubing Depth SN 5328					
Perforations 5504-5648			Depth Casing Shoe 6619					

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4	9-5/8	1207	275
8-3/4	7	3620	350
6-1/4	5	6619	350

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.)

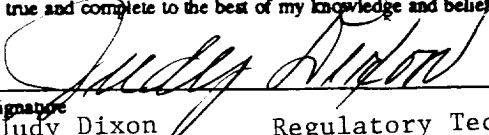
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF

GAS WELL

Actual Prod. Test - MCF/D 180	Length of Test 24	Bbls. Condensate/MMCF 0	Gravity of Condensate 0
Testing Method (pilot, back pr.) Back pr.	Tubing Pressure (Shut-in) 0	Casing Pressure (Shut-in) 0	Choke Size 14/64

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
Judy Dixon Regulatory Technician

Printed Name
10/25/90 (915) 688-2452

Date
Telephone No.

Witnessed by T. J. Appleton- lse opr.
OIL CONSERVATION DIVISION

Date Approved 10/1990

By ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT SUPERVISOR

Title

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.

RECEIVED

OCT 26 1990

CCC
HOBBS BRANCH