

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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

Form C-104  
Revised 10-01-78  
Format 06-01-83  
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U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PROBATION OFFICE		

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):

New Well      Change in Transporter of:

Recompletion       Oil       Dry Gas

Change in Ownership       Casinghead Gas       Condensate

Other (Please explain):

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

II. DESCRIPTION OF WELL AND LEASE

Lessee Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Marshall Com	5	Drinkard	State, Federal or Fee Fee	

Location:

Unit Letter C : 589 Feet From The North Line and 2051 Feet From The West

Line of 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 checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Texas - New Mexico Pipeline Co.	Box 1510, Midland, TX 79701
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Northern Natural Gas Co.	Box 3316, Midland, TX 79701

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Req.	Is gas actually connected?	When
	D	34	21	37	Yes	

If this production is commingled with that from any other lease or pool, give commingling order number: DHC - 596

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.

Nancy Lewis  
(Signature)  
Authorized Agent

7-30-86  
(Date)

OIL CONSERVATION DIVISION

APPROVED AUG 5 1986, 19

BY ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I SUPERVISOR

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 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	Gas Well X	New Well	Workover	Deepen	Plug Back	Same Res'v.	Dill. Res'
Date Spudded NA	Date Compl. Ready to Prod. 4-12-86	Total Depth 6618		P.B.T.D. 6530					
Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation Drinkard	Top Oil/Gas Pay 6475		Tubing Depth					
Perforations 6475-6519							Depth Casing Shoe		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	13 3/8	300	
	9 5/8	3785	
	7	6618	

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 allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 4-12-86	Date of Test 5-6-86	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs.	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls. .47	Water - Bbls. .94	Gas - MCF 218

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate 44.6
Testing Method (prod, back pr.)	Tubing Pressure (Shot-in)	Casing Pressure (Shot-in)	Choke Size

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