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TRANSPORTER	OIL	
	GAS	
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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-111
Effective 1-1-85

Operator Mobil Producing TX & NM Inc.	
Address 9 Greenway Plaza - Suite 2700 - Houston, TX 77046	
Reason(s) for filing (Check proper box)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please explain)	

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name General G State	Well No. 2	Pool Name, including Formation Undesignated <i>Elliott</i>	Kind of Lease State, Federal or Fee State	Lease No. B-874
Location				
Unit Letter <u>D</u> ; <u>330</u> Feet From The <u>North</u> Line and <u>450</u> Feet From The <u>West</u>				
Line of Section <u>16</u> Township <u>20S</u> Range <u>37E</u> , 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)	
None		
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.	403 Wall Towers West, Midland, TX 79701	
If well produces oil or liquids, give location of tanks.	Unit D	Sec. 16
	Twp. 203	Rge. 37E
	Is gas actually connected? When Yes 3-6-85	

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	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X	X					
Date Spudded 9-19-84	Date Compl. Ready to Prod. 3-5-84		Total Depth 5805		P.B.T.D. 5800			
Elevations (DF, RKB, RT, GR, etc.) 3527 GR	Name of Producing Formation Queen		Top Oil/Gas Pay 3297		Tubing Depth SN @ 3180			
Perforations 3297-3446					Depth Casing Shoe --			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
8-5/8	8-5/8	360'	300x C1 C
	5-1/2	5805'	1400x TLW & 300x C1 C
	2-3/8	SN @ 3180'	

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	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 79	Length of Test 24 hrs.	Bbls. Condensate/MMCF 0	Gravity of Condensate 0
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in) 75	Casing Pressure (Shut-in) 0	Choke Size 1"

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Nancy Lewis
Authorized Agent
(Title)
March 28, 1984
(Date)

OIL CONSERVATION COMMISSION

APPROVED JUL 18 1985, 19
ORIGINAL SIGNED BY JERRY SEXTON
BY DISTRICT 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 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

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