Submit 5 Cooles
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

•		10 Inc	(IVO	OTTI OIL	MILE IV	0	Well A	PI No.			
Operator MOBIL PRODUCING TX & N.M. INC.						Well API No. 30-025-03459					
Address 12450 GREENSPOINT DRIVE, H	OUSTON,	TX 770	60				-				
Reason(s) for Filing (Check proper box)					Othe	r (Please expla	2in)				
New Well											
Recompletion	Oil		Dry	Gas X							
Change in Operator	Casinghea	d Gas 🔲	Cone	densate 🔲							
change of operator give name											
I. DESCRIPTION OF WELL	AND LEA	ASE									
			•	uding Formation			Kind of Lease State, Federal or Fee		sase No. 4		
STATE 12	!	1	EU	MONT YATE	2 SEVEN	UN	STAT	E	1 - 1		
Unit Letter L	: 1980		_ Feet	From The SC	UTH Lim	and 990	Fe	et From The	WEST	Line	
Section 12 Township	, 2	18	Ran	ge 35E	, NI	ирм,		LEA		County	
II. DESIGNATION OF TRAN	SPORTE	R OF O	IL A	ND NATU	RAL GAS						
Name of Authorized Transporter of Oil NONE		or Condet			Address (Giv	e address to wi	hich approved	copy of this f	iorm is to be se	nt)	
Name of Authorized Transporter of Casing SID RICHARDSON CARBON & GA	thead Gas ASOLINE	<u></u>	or Dry Gas X		Address (Give address to which approved			d copy of this form is to be sent) NORTH, TX 76102			
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp	n. Rge.	is gas actually connected? WY			28 ?			
f this production is commingled with that i	from any oth	er lease or	pool,	give comming	ing order num	per:					
V. COMPLETION DATA		Oil Well	<u> </u>	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion Date Spudded		pi. Ready to	o Prod	i.	Total Depth	<u> </u>	<u> </u>	P.B.T.D.	<u> </u>	<u> </u>	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
								Death Coules Char			
Perforations								Depth Casir	ng Shoe		
	3	UBING.	. CA	SING AND	CEMENTI	NG RECOR	D	1			
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
		 						-			
								 			
V. TEST DATA AND REQUES	ST FOR A	LLOW	ABL	E			and the day of	la dameh an ha	fan 6.11 24 han	ì	
OIL WELL (Test must be after r. Date First New Oil Run To Tank	Date of Te		of loc	ad oil and must	Producing M	exceed top all ethod (Flow, pr	ump, gas lift, i	s aepin or be	jor juli 24 Rou	73.)	
Date Little Leen Oil Kutt 10 1 mir	Lake of Text										
Length of Test	Tubing Pressure			Casing Pressure			Choke Size				
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas- MCF			
GAS WELL	!			. 			<u> </u>				
Actual Prod. Test - MCF/D	Length of Test				Bbis. Condensate/MMCF			Gravity of Condensate			
	781				Casing Pressure (Shut-in)			Ohoke Size			
Testing Method (pilot, back pr.)	g Method (pitot, back pr.) Tubing Pressure (Shut-in)					ure (30 u l-10)		CHOKE SIZE			
VI. OPERATOR CERTIFIC							USERV	ATION	חואוטוכ	N	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above					∥ `		V	JAN 2 1	1994	,, <u>,</u>	
Division have been complied with and is grie and complete to the best of my	unax une muo knowledge a	nd belief.	- eg 110	₩.	Date	Approve	ed			_	
Tatricia & Swanne					D.,	OF	NGINAL SI	GNED BY J	IERRY SEX!	ron	
Signature Patricia B. Swanner Reg. Technician					∥ By_			ICT I SUPE			
Printed Name 1/17/94	-	(713)	Titl 775	e -2081	Title					· · · · · · · · · · · · · · · · · · ·	
Date				e No.							

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.