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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

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 1-1-65

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

If change of ownership give name  
and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name D. A. Williamson	Well No. 2	Pool Name, Including Formation Wantz Abo	Kind of Lease State, Federal or Fee	Fee	Lease No.
Location					
Unit Letter A	660	Feet From The North	Line and	660	Feet From The East
Line of Section 23	Township 21-S	Range 37-E	NMPM,	Lea	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> The Permian Corporation	Address (Give address to which approved copy of this form is to be sent) Box 1183-Houston, TX 77001					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Texaco, Inc.	Address (Give address to which approved copy of this form is to be sent) Box 1137-Eunice, NM 88231					
If well produces oil or liquids, give location of tanks.	Unit A	Sec. 23	Twp. 21	Rge. 37	Is gas actually connected? Yes	When 2-26-85

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 <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 1-3-85	Date Compl. Ready to Prod. 2-26-85	Total Depth 7400	P.B.T.D. 7380					
Elevations (DF, RKB, RT, GR, etc.) 3420 KB, 3407 GR	Name of Producing Formation Abo	Top Oil/Gas Pay 6990	Tubing Depth 7357-7326 OPMA					
Perforations 6990-7316	Depth Casing Shoe							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
17-1/2	13-3/8"	370	400x					
12-1/4	8-5/8	5000	2600x					
	2-7/8	7357-7326 OPMA						

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 2-26-85	Date of Test 3-4-85	Producing Method (Flow, pump, gas lift, etc.) Pumping 2 x 1-1/2 x 22'	
Length of Test 24 hrs.	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test 435 bbls	Oil - Bbls. 142	Water - Bbls. 11	Gas - MCF 281

GAS WELL

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

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  
(Signature)  
Authorized Agent  
(Title)  
3-8-85  
(Date)

OIL CONSERVATION COMMISSION

APPROVED MAR 15 1985, 19\_\_\_\_  
BY ORIGINAL SIGNED BY JERRY SEATON  
TITLE DISTRICT SUPERVISOR

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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MAR 14 1985

HOOD