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

State of New Mexico Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT II P.O. Drawer DD, Artesia, NM 88210 DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS T. Well API No. Operator MOBIL PRODUCING TEXAS & NEW MEXICO INC. 30-025-10142 Address
12450 GREENSPOINT DRIVE Other (Please explain) Reason(s) for Filing (Check proper box) New Well Change in Transporter of: X Dry Gas Recompletion Oil Change in Operator Cazinghead Gas Condensate If change of operator give name and address of previous operator II. DESCRIPTION OF WELL AND LEASE Kind of Lease State, Federal or Fee Well No. Pool Name, Including Formation Lesse Name **BRUNSON ARGO** 10 DRINKARD GAS FEE Location <u> 18</u>80 Feet From The NORTH Line and 1971 Feet From The EAST Unit Letter G 225 Range 37E , NMPM, LEA Township Section III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) or Condens Name of Authorized Transporter of Oil TEXAS NEW MEXICO P/L CO. \mathbf{X} P.O. BOX 1510, MIDLAND, TX 79702 Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas or Dry Gas X WARREN PETROLEUM CO. P.O. BOX 1150, MIDLAND TX 79702 is gas actually connected? When? If well produces oil or liquids, give location of tanks. l Twp. Ree. Unit Sec. | 22S | A&B 9 37É YES 12/20/73 PC-163 If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA New Well Workover Gas Well Deenea Plug Back Same Res'v Diff Res'v Oil Well Designate Type of Completion - (X) Total Depth Date Spudded Date Compl. Ready to Prod. Top Oil/Gas Pay Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Tubing Depth Perforations Depth Casing Shoe TUBING, CASING AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT . 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 Tank Producing Method (Flow, pump, gas lift, etc.) Date of Test Casing Pressure Choke Size Length of Test Tubing Pressure Gas- MCF Water - Bbls. Actual Prod. During Test Oil - Bbls. **GAS WELL** Actual Prod. Test - MCF/D Bbis. Condensate/MMCF Gravity of Condensate Length of Test Casing Pressure (Shut-in) Choke Size Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) VL OPERATOR CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above 1004 is true and complete to the best of my knowledge and belief. Date Approved _ One Ten Swanner 1 atric By_ Reg.Tech/Asst. III Patricia B. Swanner Printed Name 2/07/94

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

Date

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

Title

2) All sections of this form must be filled out for allowable on new and recompleted wells.

Title

(713) 775-2081

Telephone No.

- 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.