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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

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 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**

| | | |
|--|---|-------------------------------------|
| Operator Mobil Producing TX. & N.M. Inc.* | | Well API No. 30-025-10144 |
| Address *Mobil Exploration & Producing U.S. Inc, as Agent for Mobil Producing TX. & N.M. Inc. P. O. Box 633, Midland, Texas 79702 | | |
| Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain) | | |
| New Well <input type="checkbox"/> | Change in Transporter of: | |
| Recompletion <input checked="" type="checkbox"/> | Oil <input type="checkbox"/> | Dry Gas <input type="checkbox"/> |
| Change in Operator <input type="checkbox"/> | Casinghead Gas <input type="checkbox"/> | Condensate <input type="checkbox"/> |

If change of operator give name and address of previous operator _____

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|----------------------------|----------------|--|---|---------------------|
| Lease Name BRUNSON ARGO | Well No. 12 | Pool Name, Including Formation BLINEBRY | Kind of Lease State, Federal or Fee STATE | Lease No. |
| Location | | | | |
| Unit Letter H | 589 | Feet From The EAST | Line and 1909 | Feet From The NORTH |
| Section 9 | Township 22S | Range 37E | 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 checked="" type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) |
| TEXAS NEW MEXICO PIPELINE | BOX 1510, MIDLAND, TX 79702 |
| 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) |
| ENRON OIL & GAS COMPANY Northern Nat'l gas | BOX-2267, MIDLAND, TX 79702 |
| If well produces oil or liquids, give location of tanks. | Unit Sec. Twp. Rge. Is gas actually connected? When ? |
| E | 10 22S 37E YES 2/15/74 5-7-91 |

If this production is commingled with that from any other lease or pool, give commingling order number: 540-706

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 4/8/91 | Date Compl. Ready to Prod. 5/8/91 | Total Depth 7471 | P.B.T.D. 5800 | | | | | |
| Elevations (DF, RKB, RT, GR, etc.) 3432 KB 3422 GL | Name of Producing Formation BLINEBRY | Top Oil/Gas Pay | Tubing Depth | | | | | |
| Perforations 5938-6145 TUBB 5470 5725 BLINEBRY | | | | | | | Depth Casing Shoe | |
| TUBING, CASING AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT | | | | | |
| | | | | | | | | |
| | | | | | | | | |

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 Tank 5/20/91 | Date of Test 5/20/91 | Producing Method (Flow, pump, gas lift, etc.) PUMP | |
| Length of Test 24 | Tubing Pressure 48 | Casing Pressure | Choke Size 15/64 |
| Actual Prod. During Test | Oil - Bbls. 1 | Water - Bbls. 0 | Gas- MCF 300 |

GAS WELL

| | | | |
|----------------------------------|---------------------------|---------------------------|-------------------------------|
| Actual Prod. Test - MCF/D | Length of Test | Bbls. Condensate/MMCF | Gravity of Condensate 39.2 |
| Testing Method (pilot, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size |

VI. OPERATOR 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 above is true and complete to the best of my knowledge and belief.

Signature Judy Dixon
 J. W. DIXON ENGINEERING TECHNICIAN
 Printed Name
 Date 5/24/91 Telephone No. (915) 688-2452

OIL CONSERVATION DIVISION

Date Approved JUL 16 1991
 ORIGINAL SIGNED BY JERRY SEXTON
 By _____ DISTRICT I SUPERVISOR
 Title _____

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.

RECEIVED

MAY 28 1991

CGS
HOBBS OFFICE