

OIL CONSERVATION DIVISION

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

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

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. 30-025-10203
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: R/C TO ABO FORMATION 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 <u>Cancel Brinkard & Wantz Co</u>		

II. DESCRIPTION OF WELL AND LEASE

Lease Name S. E. LONG	Well No. 3	Pool Name, Including Formation WANTZ (ABO) R9544 7/1/91	Kind of Lease State, Federal or Fee FEE	Lease No.
Location Unit Letter 0 : 660 Feet From The SOUTH Line and 1980 Feet From The EAST Line Section 11 Township 22S Range 37E , NMPM, LEA County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil TEXAS NM PIPELINE CO. <input checked="" type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) BOX 1510, MIDLAND, TX 79702					
Name of Authorized Transporter of Casinghead Gas TEXACO INC. <input checked="" type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) BOX 52332, HOUSTON, TX 77052					
If well produces oil or liquids, give location of tanks.	Unit 0	Sec. 11	Twp. 22S	Rge. 37E	Is gas actually connected? YES	When? 11/20/74
If this production is commingled with that from any other lease or pool, give commingling order number: R-2081						

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well X	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v X
Date Spudded 2/11/91	Date Compl. Ready to Prod. 3/1/91		Total Depth 7330		P.B.T.D. 7160			
Elevations (DF, RKB, RT, GR, etc.) NA	Name of Producing Formation WANTZ ABO		Top Oil/Gas Pay N		Tubing Depth 70			
Perforations 6840-7092					Depth Casing Shoe NA			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE NA	CASING & TUBING SIZE 13-3/8		DEPTH SET 1207		SACKS CEMENT NA			
NA	9-5/8		3620		NA			
NA	7		5150		NA			
NA	5		4884-7329		NA			

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 3/16/91	Date of Test 3/16/91	Producing Method (Flow, pump, gas lift, etc.) FLOW	
Length of Test 24	Tubing Pressure 70	Casing Pressure 0	Choke Size 15/64
Actual Prod. During Test	Oil - Bbls. 18	Water - Bbls. 0	Gas- MCF 0

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. 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.

J. W. Dixon
Signature
J. W. DIXON ENGINEERING TECHNICIAN
Printed Name
Title
(915) 688-2452
Date
Telephone No.

OIL CONSERVATION DIVISION

APR 05 1991

Date Approved
By ORIGINAL SIGNED BY JERRY SEXTON
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.