

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE	
TRANSPORTER	OIL
OPERATOR	GAS
PRODUCTION OFFICE	

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 05-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator Mobil Producing TX & NM Inc.
Address 9 Greenway Plaza, Suite 2700, Houston, TX 77046

Reason(s) for filing (Check proper box)
☐ New Well
☒ Recompletion
☐ Change in Ownership
 Change in Transporter of:
☐ Oil
☐ casinghead Gas
☐ Dry Gas
☐ Condensate
 Other (Please explain)
Request a one-time allowable for 200 bbl to clear tanks. Well TA'D after unsuccessful recompletion.

If change of ownership give name and address of previous owner

for Sept. 1987

II. DESCRIPTION OF WELL AND LEASE

Lessee Name <u>Triste Draw Federal</u>	Well No. <u>1</u>	Pool Name, including Formation <u>Diamondtail-Bone Springs</u>	Kind of Lease State, Federal or Fee <u>Federal</u>	Lessee No. <u>NM-1196</u>
Location Unit Letter <u>J</u> : <u>1980</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>East</u> Line of Section <u>14</u> Township <u>23-S</u> Range <u>32-E</u> , NMPM, <u>Lea</u> 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"/> <u>Koch Oil Company of Texas</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 1558, Breckenridge, TX 76024</u>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>None</u>	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks. Unit <u>J</u> Sec. <u>14</u> Twp. <u>23S</u> Rge. <u>32E</u>	Is gas actually connected? <u>No</u> When

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

NOTE: Complete Parts IV and V on reverse side if necessary.

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

Nancy Lewis
(Signature)

Mobil Exploration & Producing U.S. Inc.
as Agent for Mobil Producing TX & NM Inc.

9-11-87

(Title)

(Date)

OIL CONSERVATION DIVISION

APPROVED SEP 15 1987, 19

BY ORIGINAL SIGNED BY JERRY SEXTON
TITLE DISTRICT I 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 completed wells.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'ty.	Diff. Res'ty.
		X					X		X
Date Spudded NA	Date Compl. Ready to Prod. 8-10-87	Total Depth 15960				P.B.T.D. 9835			
Elevations (DF, RKB, RT, CR, etc.) GL-3705	Name of Producing Formation Bone Springs	Top Oil/Gas Pay 8942				Tubing Depth SN @ 8444			
Perforations 8942-8964						Depth Casing Shoe			

TUBING, CASING, AND CEMENTING RECORD

MOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2	13 3/8	610	
12 1/2	10 3/4	4953	Original
9 1/2	7 5/8	12470	Undisturbed
6 1/2	5	15960	

V. 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 Tanks 8-11-87	Date of Test No Test	Producing Method (Flow, pump, gas lift, etc.) TA'd	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (plot, back pr.)	Tubing Pressure (Start-In)	Casing Pressure (Start-In)	Choke Size

MOBES OFFICE
SEP 14 1987
RECEIVED