

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

|                        |     |  |
|------------------------|-----|--|
| NO. OF COPIES RECEIVED |     |  |
| DISTRIBUTION           |     |  |
| SANTA FE               |     |  |
| FILE                   |     |  |
| U.S.G.S.               |     |  |
| LAND OFFICE            |     |  |
| TRANSPORTER            | OIL |  |
|                        | GAS |  |
| OPERATOR               |     |  |
| PROBATION OFFICE       |     |  |

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

Form C-104  
Revised 10-01-78  
Format 08-01-83  
Page 1

RECEIVED  
MAR 17 1986  
OIL CONSERVATION DIVISION  
DISTRICT # 3

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)

|   |   |                                     |                                  |
|---|---|-------------------------------------|----------------------------------|
| <input type="checkbox"/> New Well                       | Change in Transporter of:               | <input type="checkbox"/> Oil        | <input type="checkbox"/> Dry Gas |
| <input type="checkbox"/> Recompletion                   | <input type="checkbox"/> Casinghead Gas | <input type="checkbox"/> Condensate |                                  |
| <input checked="" type="checkbox"/> Change in Ownership |   |                                     |                                  |

Other (Please explain)  
Change Operator Name from  
The Superior Oil Company

APR 1 1986

If change of ownership give name and address of previous owner: The Superior Oil Company, 9 Greenway Plaza, Ste 2700, Houston, TX 77046

II. DESCRIPTION OF WELL AND LEASE

|   |                |  |                         |                             |
|---|----------------|--|-------------------------|-----------------------------|
| Lease Name<br>Ramenta et al   | Well No.<br>1E | Pool Name, including Formation<br>Basin Dakota | Kind of Lease<br>Indian | Lease No.<br>1-149-IND-8466 |
| Location<br>Unit Letter <u>A</u> ; <u>790</u> Feet From The <u>N</u> Line and <u>1080</u> Feet From The <u>E</u><br>Line of Section <u>13</u> Township <u>27N</u> Range <u>9W</u> , NMPM, San Juan County |                |  |                         |                             |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

|  |  |            |             |             |
|--|--|------------|-------------|-------------|
| Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/><br>NONE                             | Address (Give address to which approved copy of this form is to be sent)                                       |            |             |             |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/><br>Northwest Pipeline Corp. | Address (Give address to which approved copy of this form is to be sent)<br>Box 1526, Salt Lake City, UT 84110 |            |             |             |
| If well produces oil or liquids, give location of tanks.   | Unit<br>A  | Sec.<br>13 | Twp.<br>27N | Range<br>9W |
|  | Is gas actually connected? When<br>No  |            |             |             |

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)

Authorized Agent

(Title)

3-14-86  
(Date)

OIL CONSERVATION DIVISION

APPROVED MAR 17 1986  
BY *Franklin*  
TITLE SUPERVISOR DISTRICT # 3

This form is to be filed in compliance with RULE 1184.

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'v. | Diff. Res'v |
| Date Spudded                       | Date Compl. Ready to Prod.  |          | Total Depth     |          |          | P.B.T.D.          |           |             |             |
| Elevations (DF, RKB, RT, CR, etc.) | Name of Producing Formation |          | Top Oil/Gas Pay |          |          | Tubing Depth      |           |             |             |
| Perforations                       |                             |          |                 |          |          | Depth Casing Shoe |           |             |             |

#### TUBING, CASING, AND CEMENTING RECORD

| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
|-----------|----------------------|-----------|--------------|
|           |                      |           |              |
|           |                      |           |              |
|           |                      |           |              |
|           |                      |           |              |

#### 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 | Date of Test    | Producing Method (Flow, pump, gas lift, etc.) |            |
| 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/MMCF     | Gravity of Condensate |
| Testing Method (prior, back pr.) | Tubing Pressure (Shut-In) | Casing Pressure (Shut-In) | Choke Size            |