

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

Table with columns for OFFICE RECEIVED, DISTRIBUTION, SANTA FE, FILE, U.S.G.S., LAND OFFICE, TRANSPORTER (OIL/OAS), OPERATION, and PROMOTION OFFICE.

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator: Mobil Producing Texas & New Mexico, Inc.

Address: Nine Greenway Plaza, Suite 2700, Houston, Texas 77046

Reason(s) for filing (Check proper box): New Well, Recompletion, Change in Ownership (checked), Change in Transporter of: Oil, Gas, Dry Gas, Condensate. Other (Please explain): Effective 1-1-85

If change of ownership give name and address of previous owner: Superior Oil Company, The, P. O. Box 3901, Midland, Texas 79702

DESCRIPTION OF WELL AND LEASE

Table with columns: Lease Name (Mescalero Ridge), Well No. (1), Pool Name (Scharb - Bone Spring), Kind of Lease (State, Federal or Fee), Fee, Lease No., Location (Unit Letter K, 1980 Feet From The South Line and 1980 Feet From The West, Line of Section 17, Township 19S, Range 35E, NMPM, Lea County).

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Table with columns: Name of Authorized Transporter of Oil (Texas-New Mexico Pipeline), Address (P.O. Box 2528, Hobbs, New Mexico 88240), Name of Authorized Transporter of Casinghead Gas (Phillips Petroleum Company), Address (Frank Phillips Bldg., 5-4B, Bartlesville, OK 74004), If well produces oil or liquids, give location of tanks, Unit (K), Sec. (17), Twp. (19S), Rge. (35E), Is gas actually connected? (Yes), When (10-26-83).

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

COMPLETION DATA

Table with columns: 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

Table with columns: HOLE SIZE, CASING & TUBING SIZE, DEPTH SET, SACKS CEMENT.

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)

Table with columns: Date First New Oil Run To Tank, 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

Table with columns: 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.

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: C. R. Sessions, Authorized Agent, December 26, 1984

OIL CONSERVATION DIVISION, APPROVED JAN - 2 1985, ORIGINAL SIGNED BY JERRY SEXTON, DISTRICT I SUPERVISOR

TITLE, 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 deviated 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 lease well name or number, or transporter, or other such change of certificate. Separate Form O-104 must be filed for each pool in multi-completed wells.

RECEIVED

DEC 31 1984

O.C.D.
HOBBS OFFICE