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| FILE                   |     |
| U.S.G.S.               |     |
| LAND OFFICE            |     |
| TRANSPORTER            | OIL |
|                        | GAS |
| OPERATOR               |     |
| PRORATION OFFICE       |     |

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Supersedes Old C-104 and  
Effective 1-1-55

I. Operator  
Mobil Oil Corporation

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

Reason(s) for filing (Check proper box) Other (Please explain) Request for 500 BC & 8000  
New Well ☐ Change in Transporter of: MCF gas test allowable for month of Sept.  
Recompletion ☒ Oil ☐ Dry Gas ☐ gas connected to Getty Meter Sta. No.  
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐ 31813-21).

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

|                 |          |                                |                           |                  |
|-----------------|----------|--------------------------------|---------------------------|------------------|
| Lease Name      | Well No. | Pool Name, Including Formation | Kind of Lease             | Lease No.        |
| S. E. Long      | 5        | Blinbry                        | State, Federal or Fee Fee | 918AE            |
| Location        |          |                                |                           |                  |
| Unit Letter     | 0        | Feet From The                  | Line and                  | Feet From The    |
|                 |          | 760                            | W E                       | 660 South        |
| Line of Section | 11       | Township                       | 22S                       | Range            |
|                 |          |                                | 37E                       | NMPM, Lea 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"/>         | Address (Give address to which approved copy of this form is to be sent) |      |      |      |                            |        |
| Texas/New Mexico Pipeline                                                                                                | Box 1510, Midland, Texas 79701                                           |      |      |      |                            |        |
| 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) |      |      |      |                            |        |
| Getty Oil                                                                                                                | Box 1231, Midland, Texas 79701                                           |      |      |      |                            |        |
| If well produces oil or liquids,<br>give location of tanks.                                                              | Unit                                                                     | Sec. | Twp. | Rge. | Is gas actually connected? | When   |
|                                                                                                                          | 0                                                                        | 11   | 22   | 37   | Yes                        | 9/1/78 |

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

IV. COMPLETION DATA

|                                      |                             |                 |              |          |              |           |              |               |
|--------------------------------------|-----------------------------|-----------------|--------------|----------|--------------|-----------|--------------|---------------|
| Designate Type of Completion - (X)   | Oil Well                    | Gas Well        | New Well     | Workover | Deepen       | Plug Back | Same Rest'v. | Diff. Rest'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)

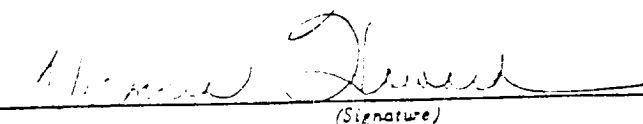
|                                 |                 |                                               |            |
|---------------------------------|-----------------|-----------------------------------------------|------------|
| Date First New Oil Run To Tanks | Date of Test    | Producing Method (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/MCF      | Gravity of Condensate |
| Testing Method (pilot, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size            |

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

  
(Signature)

Authorized Agent  
(Title)

September 1, 1978

OIL CONSERVATION COMMISSION

SEP 12 1978

APPROVED \_\_\_\_\_, 19\_\_

BY Only Signed by  
Jerry Bratan  
TITLE Dist. 1. Supv.

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.