

OIL CONSERVATION DIVISION

P. O. BOX 2000

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

| | |
|-----------------------|------------|
| NO. OF COPIES DESIRED | |
| DISTRIBUTION | |
| SANTA FE | |
| FILE | |
| U.S.U.B. | |
| LAND OFFICE | |
| TRANSPORTER | OIL GAS |
| OPERATOR | |
| PRODUCTION OFFICE | |

Operator
Mobil Producing Texas & New Mexico, Inc.

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

| | | | |
|---|---|------------------------|--|
| Reason(s) for filing (Check proper box) | | Other (Please explain) | |
| New Well <input type="checkbox"/> | Change in Transporter of: <input type="checkbox"/> | Effective 1-1-85 | |
| Recompletion <input type="checkbox"/> | Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> | | |
| Change in Ownership <input checked="" type="checkbox"/> | Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> | | |

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

| | | | | | |
|-------------------------|-----------------|--|--|-----------------------|----------------------|
| Lease Name State "A" | Well No. 6 | Pool Name, including Formation Eumont (Queen) | Kind of Lease State, Federal or Fee | State | Lease No. A-1375- |
| Location | | | | | |
| Unit Letter A | : 990 | Feet From The North | Line and 990 | Feet From The East | |
| Line of Section 2 | Township 20S | Range 36E | , NMPM, Lea | | County |

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) | | | | | |
| None | | | | | | |
| 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) | | | | | |
| El Paso Natural Gas Co. | One Petroleum Center, Bldg. Two, Midland, TX 79702 | | | | | |
| If well produces oil or liquids, give location of tanks. | Unit A | Sec. 2 | Twp. 20S | Rge. 36E | Is gas actually connected? Yes | When 4-55 |

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

COMPLETION DATA

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

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 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 (Shot-in) | Casing Pressure (Shot-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.

C. R. Sessions
C. R. Sessions
(Signature)
Authorized Agent
(Title)
December 26, 1984
(Date)

OIL CONSERVATION DIVISION
JAN - 2 1985

APPROVED _____, 19____
BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT 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 deepens 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 name, well name or number, or transporter, or other such change of credits.
Separate forms shall must be filed for each pool in multiple

RECEIVED

DEC 31 1984

O.C.D.
HOBBS OFFICE