



# VERNA Corporation

P. O. BOX 1000    LEVELLAND, TEXAS 79336  
806 / 894-9686

DATE: APRIL 30, 1983

OPERATOR: MOBIL PRODUCING TEXAS & NEW MEXICO INC.  
NINE GREENWAY PLAZA, SUITE 2700  
HOUSTON, TEXAS 77046

LEASE NAME & WELL NUMBER: C. L. O'BRIEN # 2

LEGAL DESCRIPTION: LIGHTCAP FIELD, CHAVES COUNTY, NEW MEXICO, 1980' FNL & 660'  
FEL, SECTION 7, TWP 8-S, R-30-E, PERMIT DEPTH 8100'.  
COUNTY & STATE: CHAVES, NEW MEXICO

MEASURED DEPTH	COURSE LENGTH	ANGLE OF INCLINATION	DISPLACEMENT PER 100 FEET	COURSE DISPLACEMENT	ACCUMULATIVE DISPLACEMENT
465	4.65	.75	1.31	6.09	6.09
786	3.21	.75	1.31	4.21	10.30
1,005	2.19	1.00	1.75	3.83	14.13
1,394	3.89	.50	.88	3.42	17.55
1,794	4.00	1.00	1.75	7.00	24.55
1,980	1.86	.75	1.31	2.44	26.99
2,197	2.17	.50	.88	1.91	28.90
2,687	4.90	1.00	1.75	8.58	37.48
3,181	4.94	1.25	2.19	10.82	48.30
3,679	4.98	1.00	1.75	8.72	57.02
4,175	4.96	1.00	1.75	8.68	65.70

I declare under penalties prescribed in Article 6036c, R.S.C., that I am authorized to make this certification, that I have personal knowledge of the inclination data and facts placed on both sides of this form and that such data and facts are true, correct, and complete to the best of my knowledge.

*Mark Smith*  
SIGNATURE OF AUTHORIZED REPRESENTATIVE

Subscribed and sworn to before me this  
30th day of APRIL, 19 83

*Harold Thompson*    HOCKLEY  
Notary Public    County

(Commission expires 8/10/85)

RECEIVED

JUL 8 1983

NOVA OFFICE

MEASURED DEPTH	COURSE LENGTH	ANGLE OF INCLINATION	DISPLACEMENT PER 100 FEET	COURSE DISPLACEMENT	ACCUMULATIVE DISPLACEMENT
4,460	2.85	.75	1.31	3.73	69.43
4,927	4.67	.75	1.31	6.12	75.55
5,428	5.01	2.25	3.94	19.74	95.29
5,700	2.72	2.00	3.50	9.52	104.81
6,111	4.11	1.75	3.06	12.58	117.39
6,469	3.58	1.75	3.06	10.96	128.35
6,977	5.08	1.75	3.06	15.55	143.90
7,097	1.20	1.25	2.19	2.63	146.53
7,471	3.74	1.25	2.19	8.19	154.72
7,840	3.69	1.50	2.63	9.71	164.43
8,060	2.20	1.50	2.63	5.79	170.22

RECEIVED

JUL 21 1953

FOR  
RECORDS

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
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 C-111  
Effective 1-1-65

**I. OPERATOR**  
Mobil Producing TX. & N.M. Inc.

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

**Reason(s) for filing (Check proper box)**

New Well <input type="checkbox"/>	Change in Transporter of:	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>	Other (Please explain) Request permission to move 700 bbls. of oil produced on test prior to potential.
Recompletion <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>		
Change in Ownership <input type="checkbox"/>				

If change of ownership give name and address of previous owner \_\_\_\_\_

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name C. L. O'Brien	Well No. 2	Pool Name, including Formation Undesignated Montoya (Oil)	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Halt Letter <u>H</u> ; <u>1980</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>East</u>				
Line of Section <u>7</u> Township <u>8S</u> Range <u>30E</u> , NMPM, <u>Chaves</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"/> Permian Corporation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1183, Houston, Texas 77001
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Cities Service Oil Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 300, Tulsa, Oklahoma 74102
If well produces oil or liquids, give location of tanks.	Unit <u>H</u> Sec. <u>7</u> Twp. <u>8S</u> Rge. <u>30E</u>
	Is gas actually connected? _____ When _____

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 Resrv.	Diff. Resrv.
Date Spudded	Date Compl. Ready to Prod.	Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, 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 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/MMCF	Gravity of Condensate
Testing Method (pitot, 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.

Paula A. Collins  
(Signature)

Authorized Agent

(Title)  
06/30/83

(Date)

OIL CONSERVATION COMMISSION

JUL 5 1983

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

ORIGINAL SIGNED BY EDDIE SEAY

BY \_\_\_\_\_  
TITLE OIL & GAS INSPECTOR

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 multiple.

RECEIVED

JUL 5 1983

O.C.B.  
HOLERS OFFICE