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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-1
Effective 1-1-85

AUG 04 1983

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 ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain)
Request a 1-time allowable to move 189 bbls. oil produced prior to Plug and Abandonment of this well.
If change of ownership give name and address of previous owner _____

O. C. D.
ARTESIA, OFFICE

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|--|---------------|---|--|-----------|
| Lease Name K. S. Woolery 13 | Well No. 1 | Pool Name, Including Formation Und. Twin Lakes-SA Assoc. | Kind of Lease State, Federal or Fee Fee | Lease No. |
| Location Unit Letter A : 330 Feet From The North Line and 330 Feet From The East Line of Section 13 Township 9S Range 28E, NMPM, Chaves 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, The | Address (Give address to which approved copy of this form is to be sent) P. O. Box 1183, Houston, TX 77001 | |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> None | Address (Give address to which approved copy of this form is to be sent) | |
| If well produces oil or liquids, give location of tanks. | Unit G | Sec. 13 |
| | Twp. 9S | Rge. 28E |
| | Is gas actually connected? No | |

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 <input checked="" type="checkbox"/> | Gas well <input type="checkbox"/> | New Well <input checked="" type="checkbox"/> | Workover <input type="checkbox"/> | Deepen <input type="checkbox"/> | Plug Back <input type="checkbox"/> | Same Res't'v. <input type="checkbox"/> | Diff. Res't'v. <input type="checkbox"/> |
| Date Spudded 11/14/82 | Date Compl. Ready to Prod. 11/21/82 | Total Depth 2800 | P.B.T.D. 2775 | | | | | |
| Elevations (DF, RKB, RT, GR, etc.) 3969 (GR) | Name of Producing Formation San Andres | Top Oil/Gas Pay 2708 | Tubing Depth 2758 | | | | | |
| Perforations 2708-2728 | Depth Casing Shoe | | | | | | | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT | | | | | |
| 12-1/4 | 8-5/8 | 310 | 210 | | | | | |
| 7-7/8 | 5-1/2 | 2800 | 900 | | | | | |

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 No Test | 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 (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.

Paula A. Collins
(Signature)

Authorized Agent
(Title)

August 1, 1983
(Date)

OIL CONSERVATION COMMISSION

APPROVED AUG 0 8 1983
Original Signed By
BY Leslie A. Clements
TITLE Supervisor District II

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 deviator 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.