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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-1  
Effective 1-1-65  
DEC 12 1983  
O. C. D.  
ARTESIA, OFFICE

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 250 bbl. testing allowable prior to potential.  
If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Federal 00	Well No. 2	Pool Name, including Formation Undesignated Bone Springs	Kind of Lease State, Federal or Fee Federal	Lease No. NM056029
Location Unit Letter C : 660 Feet From The North Line and 1980 Feet From The West Line of Section 18 Township 21S Range 27E, NMPM, Eddy 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"/> The Permian Corporation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 3119, Midland, TX 79701
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Llano Inc.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1320, Hobbs, NM 88240
If well produces oil or liquids, give location of tanks. Unit C Sec. 18 Twp. 21S Rge. 27E	Is gas actually connected? When 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	New Well	Workover	Deepen	Plug Back	Same Res't	Diff. Res't
Date Spudded 10/03/83	Date Compl. Ready to Prod. 10/27/83	Total Depth 11500	P.B.T.D. 5065					
Elevations (DF, RKB, RT, GR, etc.) 3208 GR	Name of Producing Formation Bone Springs	Top Oil/Gas Pay 4897	Tubing Depth 4962					
Perforations 4897-4924, 1 JSPF, 22 holes			Depth Casing Shoe					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
17-1/2	13-3/8	600	1940					
11	8-5/8	2600	3375					
7-7/8	5-1/2	11500	1350					

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 (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)  
12/07/83  
(Date)

OIL CONSERVATION COMMISSION

APPROVED DEC 12 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 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 multiply