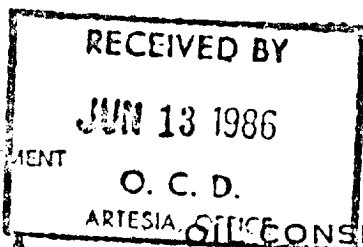


STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT



Form C-104
Revised 10-01-77
Format 06-01-83
Page 1

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator Mobil Producing TX & NM Inc. ✓

Address 9 Greenway Plaza, Suite 2700, Houston, TX 77046

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change In Transporter of:	Other (Please explain) <u>Change of Operator effective 4-1-86</u>
<input type="checkbox"/> Recorepletion	<input type="checkbox"/> Oil	
<input checked="" type="checkbox"/> Change In Ownership	<input type="checkbox"/> Casinghead Gas	
	<input type="checkbox"/> Dry Gas	
	<input type="checkbox"/> Condensate	

If change of ownership give name and address of previous owner The Superior Oil Company, 9 Greenway Plaza, Ste 2700, Houston, TX

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Government "D"</u>	Well No. <u>4</u>	Pool Name, including Formation <u>E. Avalon Bone Springs</u>	Kind of Lease State, Federal or Fee <u>Federal</u>	<u>NM-17095</u>
Location				
Unit Letter <u>G</u>	<u>1554</u>	Feet From The <u>North</u> Line and <u>1980</u>	Feet From The <u>East</u>	
Line of Section <u>1</u>	Township <u>21-S</u>	Range <u>27-E</u>	<u>NMPM</u>	<u>Eddy</u>

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	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 Sec. Twp. Rge. Is gas actually connected? When

Post ID-3
6-27-86
Chg Op

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

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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 is true and complete to the best of my knowledge and belief.

[Signature]
Authorized Agent
6-11-86

OIL CONSERVATION DIVISION

JUN 25 1986

APPROVED _____, 1986
BY Original Signed By
Les A. [Signature]
TITLE Supervisor District II

This form is to be filed in compliance with rule 110.
If this is a request for allowable for a newly drilled or recompleted well, this form must be accompanied by a tabulation of the tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely on new and recompleted wells.
Fill out only Sections I, II, III, and IV for change of well name or number, or transporter, or other such change.
Separate Forms C-104 must be filed for each pool in recompleted wells.