

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

RECEIVED BY  
MAR 17 1986  
O. C. D.  
ARTESIA, OFFICE

Form C-104  
Revised 10-01-78  
Format 06-01-83  
Page 1

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

OIL CONSERVATION DIVISION

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)      Other (Please explain)

New Well      Change in Transporter of:       Dry Gas  
 Recompletion       Oil       Condensate  
 Change in Ownership       casinghead Gas

Change Operator Name from  
The Superior Oil Company      **APR 1 1986**

If change of ownership give name and address of previous owner: The Superior Oil Company, 9 Greenway Plaza, Ste 2700, Houston, TX 77046

II. DESCRIPTION OF WELL AND LEASE

Lease Name Burton Flat	Well No. 2	Pool Name, including Formation E. Avalon - Bone Spring	Kind of Lease State, Federal or Fee      Fee	Lease No.	
Location					
Unit Letter	0	: 3300 Feet From The	South	Line and 1980 Feet From The	East
Line of Section	1	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 Permian (Eff. 9/1/87)	Address (Give address to which approved copy of this form is to be sent) Box 1183, Houston, TX 77001
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petroleum Corp.	Address (Give address to which approved copy of this form is to be sent) Frank Phillips Bldg, Bartlesville, OK 74004
If well produces oil or liquids, give location of tanks.	Unit      Sec.      Twp.      Rgs.      Is gas actually connected?      when
	0      1      21S      27E      Yes      5/16/85

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.

*Nancy Lewis*  
(Signature)

Authorized Agent

(Title)

3-14-86

(Date)

OIL CONSERVATION DIVISION

MAR 19 1986

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

Original Signed By

Les 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 devistion 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 multipl: completed wells.

Posted ID-3  
3-21-86  
Chg. 40-

**IV. COMPLETION DATA**

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

**V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL** (Test must be after recovery of total volume of lost 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 (prod. back pr.)	Tubing Pressure (Shut-In)	Casing Pressure (Shut-In)	Choke Size