

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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**OIL CONSERVATION DIVISION**  
P.O. BOX 2088  
SANTA FE, NEW MEXICO 87501

**RECEIVED BY**  
**MAY 22 1986**  
**O. C. D.**  
**REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS**

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

**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	<b>Change in Transporter of:</b>	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input type="checkbox"/> Condensate
<input checked="" type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	

**Other (Please explain)**  
Change of Operator effective 4-1-86.

If change of ownership give name and address of previous owner: The Superior Oil Company, 9 Greenway Plaza, Ste 2700, Houston, TX 7704

**II. DESCRIPTION OF WELL AND LEASE**

Lessee Name Government "D"	Well No. 12	Pool Name, including Formation Avalon, East-Bone Spring	Kind of Lease State, Federal or Fee Federal	Lease No. NM-17095
Location				
Unit Letter Q	1600	Feet From The South	Line and 1040	Feet From The East
Line of Section 1	Township 21-S	Range 27-E	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) Box 1183, Houston, TX 77001
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips 66 Natural Gas Co.	Address (Give address to which approved copy of this form is to be sent) Box 2105, Hobbs, NM 88240
If well produces oil or liquids, give location of tanks.	Unit : Sec. : Twp. : Rqs. : NE/NW : 12 : 21 : 27
Is gas actually connected?	When : Yes : 5-16-86

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)  
5-19-86  
(Date)

**OIL CONSERVATION DIVISION**

**APPROVED** MAY 22 1986, 19\_\_

**BY** Original Signed By  
Mike Williams  
**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 multiphase completed wells.

#### IV. COMPLETION DATA

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