

OIL CONSERVATION DIVISION

P. O. BOX 2000

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DEC 28 1984

REQUEST FOR ALLOWABLE
AND
O.C.D.
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
ARTESIA, OFFICE

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OIL	
GAS	
OPERATOR	
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Operator	

Mobil Producing Texas & New Mexico, Inc. ✓

Address
Nine Greenway Plaza, Suite 2700, Houston, Texas 77046

Reason(s) for filing (Check proper box)

New Well	☐	Change in Transporter of:		Other (Please explain)
Recompletion	☐	Oil	☐	Effective 1-1-85
Change in Ownership	☒	Casinghead Gas	☐	
		Dry Gas	☐	
		Condensate	☐	

If change of ownership give name and address of previous owner: Superior Oil Company, The, P. O. Box 3901, Midland, Texas 79702

DESCRIPTION OF WELL AND LEASE

Lease Name Ryan Com	Well No. 1	Pool Name, including Formation S. Carlsbad (Strawn)	Kind of Lease State, Federal or Fee	Fee	Lease No.
Location Unit Letter <u>D</u> : <u>990</u> Feet From The <u>West</u> Line and <u>660</u> Feet From The <u>North</u> Line of Section <u>5</u> Township <u>23S</u> Range <u>27E</u> , NMPM, <u>Eddy</u> County					

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒	Address (Give address to which approved copy of this form is to be sent)	
The Permian Corporation (Trucks)	P. O. Box 3119, Midland, Texas 79701	
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒	Address (Give address to which approved copy of this form is to be sent)	
*Llano, Inc. & ** El Paso Natural Gas Company	*Hobbs, New Mexico & ** El Paso, Texas	
If well produces oil or liquids, give location of tanks.	Unit <u>D</u> Sec. <u>5</u> Twp. <u>23S</u> Rge. <u>27E</u>	Is gas actually connected? <u>Yes</u> when * <u>1-1-73</u> ** <u>2-5-74</u>

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res't.	Diff. Res't.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, 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

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

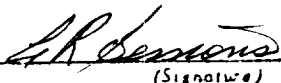
Test TD-3
1-11-85
8 bbls. l.p.

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (prior, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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



C. R. Sessions

Authorized Agent
(Title)December 26, 1984
(Date)

OIL CONSERVATION DIVISION

APPROVED JAN 9 1985, 19BY Original Signed By
Mike WilliamsTITLE 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 deviate 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 conditions.

Separate Form C-104 must be filed for each pool in multi-completed wells.