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TRANSPORTER	OIL	
	GAS	
OPERATOR		
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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-11
REVISED 1-65

RECEIVED BY
JUL 16 1984
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 ☐
Recompletion ☒ *
Change in Ownership ☐

Change in Transporter of:

Oil ☐ Dry Gas ☐
Casinghead Gas ☐ Condensate ☐

Other (Please explain)

*This C-104 is filed for a one-time allowable for gas sold while testing this zone. Well is to be P&A'd.

If change of ownership give name and address of previous owner

Wolfcamp 10,172-10,196

II. DESCRIPTION OF WELL AND LEASE

Lease Name Maude Rickman Com	Well No. 1	Pool Name, including Formation Undesignated (Wolfcamp)	Kind of Lease State, Federal or Fee	Fee	Lease No.
Location Unit Letter <u>L</u> : <u>2203.7</u> Feet From The <u>South</u> Line and <u>839.7</u> Feet From The <u>West</u> Line of Section <u>3</u> Township <u>23S</u> Range <u>27E</u> , NMPM, <u>Eddy</u> County					

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> NONE	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 checked="" type="checkbox"/> Gas Company of New Mexico	Address (Give address to which approved copy of this form is to be sent) 1st International Bldg., Dallas, TX 75270	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	Twp.	Rge.
	Is gas actually connected? When Yes 01/26/84	

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resrv.	Diff. Resrv.
			X		X		X		X
Date Spudded 01/17/84	Date Compl. Ready to Prod. 04/27/84	Total Depth 12300		P.B.T.D. 10345					
Elevations (DF, RKB, RT, GR, etc.) 3113 GR	Name of Producing Formation Wolfcamp	Top Oil/Gas Pay 10172		Tubing Depth 10109					
Perforations 10172-10196				Depth Casing Shoe 5700					
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT					
17-1/2	13-3/8	355		400					
12-1/4	9-5/8	5700		3200					
8-3/4	7	12297		1350					
	2-3/8	10109							

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 NO TEST	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)
07/13/84
(Date)

OIL CONSERVATION COMMISSION

APPROVED JUL 17 1984, 19

BY Original Signed 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