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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 9-1-83
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 Change in Transporter of:
 Recombination * Oil Dry Gas
 Change in Ownership 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: Fee Lease No.:
 Location: Unit Letter L; 2203.7 Feet From The South Line and 839.7 Feet From The West
 Line of Section 3 Township 23S Range 27E, NMPM, Eddy County

III. 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)
 NONE
 Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent)
 Gas Company of New Mexico 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

IV. COMPLETION DATA
 Designate Type of Completion - (X) Oil Well Gas Well New Well Workover Deepen Plug Back Same Restv. Diff. Restv.
 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