

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

CO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	☒
FILE	☒
U.S.U.B.	☒
LAND OFFICE	☒
TRANSPORTER	☒
OIL	☒
GAS	☒
OPERATOR	☒
PROMOTION OFFICE	☒

RECEIVED BY
DEC 28 1984
O. C. D.
ARTESIA, OFFICE

REQUEST FOR ALLOWABLE
AND
TO TRANSPORT OIL AND NATURAL GAS

Operator Mobil Producing Texas & New Mexico, Inc.

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

Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well ☐	Change in Transporter oil: ☐	Effective 1-1-85	
Recompletion ☐	Cil ☐ Dry Gas ☐		
Change in Ownership ☒	Casinghead Gas ☐ Condensate ☐		

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Oscar State	Well No. 1	Pool Name, including Formation Eddy Undesignated Morrow Gas	Kind of Lease State, Federal or Fee	State	Lease No. L-4764
Location					
Unit Letter G	: 1980	Feet From The North	Line and 1980	Feet From The	East
Line of Section 36	T. wnhship 24S	Range 29E	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)					
El Paso Natural Gas Company	P. O. Box 1492 El Paso, TX 79978					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rqe.	Is gas actually connected?	When
					NO	

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 Res'v.	Diff. Res'v.
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

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

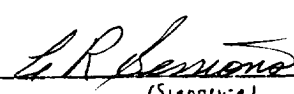
Post ID-3
1-11-85
Ltg. EP.

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

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
(Date)
December 26, 1984
(Date)

OIL CONSERVATION DIVISION

APPROVED JAN 9 1985
Original Signed By
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 deviated 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 Form C-104 must be filed for each pool in multiple completed wells.