

UNIT OF THE MINERAL

REGISTRY AND MINERAL'S DEPARTMENT

RECEIVED BY

DEC 28 1984

O. C. D.

AUTHORIZATION

ARTESIA OFFICE

FL, NEW MEXICO 87501

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)

New Well

Recompletion

Change in Ownership

Change in Transporter of:

Oil

Gas

Condensate

Other (Please explain)

Effective 1-1-85

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

Meander Federal

Well No.

1

Pool Name, Including Formation

White City Wolfcamp - Gas

Kind of Lease

Federal

Lease No.

LOCATION

Unit Letter

B

Feet From The

660

North

Line and

1980

Feet From The

East

Line of Section

14

Township

25S

Range

25E

NMPM,

Eddy

County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil

Tesoro Crude Oil Company

Address (Give address to which approved copy of this form is to be sent)

8700 Tesoro Drive, San Antonio, TX 78287

Name of Authorized Transporter of Casinghead Gas

El Paso Natural Gas

Address (Give address to which approved copy of this form is to be sent)

P. O. Box 1492, El Paso, TX 79978

IF WELL PRODUCES OIL OR LIQUIDS, GIVE LOCATION OF TANKS.

Unit

B

Sec.

14

Twp.

25S

Rge.

25E

Is gas actually connected?

Yes

When

12-16-80

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'v.

Diff. Res'v.

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

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

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 (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

December 26, 1984

OIL CONSERVATION DIVISION

JAN 9 1985

APPROVED

BY

TITLE

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 controlled.

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