

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Revised 10-01-78  
Format 06-01-83  
Page 1

**I. Operator**  
Mobil Producing TX & NM Inc. ✓  
**Address**  
9 Greenway Plaza, Suite 2700, Houston, TX 77046  
**Reason(s) for filing (Check proper box)**  
☐ New Well  
☐ Recompletion  
☒ Change in Ownership  
**Change in Transporter of:**  
☐ Oil  
☐ Casingshead Gas  
☐ Dry Gas  
☐ Condensate  
**Other (Please explain)**  
Change Operator Name from  
The Superior Oil Company  
APR 1 1986

If change of ownership give name and address of previous owner The Superior Oil Company, 9 Greenway Plaza, Ste 2700, Houston, TX 77046

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name Meander Federal	Well No. 1	Pool Name, including Formation White City Wolfcamp - Gas	Kind of Lease State, Federal or Fee Federal	Lease No.
Location Unit Letter B : 660 Feet From The North Line and 1980 Feet From The East Line of Section 14 Township 25S Range 25E, NMPM, Eddy County				

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Tesoro Crude Oil Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1188 Houston, TX 77251-1188 Effective 7-1-88
Name of Authorized Transporter of Casingshead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas	Address (Give address to which approved copy of this form is to be sent) 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:

NOTE: Complete Parts IV and V on reverse side if necessary.

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

*Nancy Lewis*  
(Signature)

Authorized Agent

(Title)

3-14-86  
(Date)

OIL CONSERVATION DIVISION

MAR 19 1986

APPROVED Original Signed By  
BY Les 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 completed wells.

#### 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

#### GAS WELL

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