## TO MEXICO ENERGY NO MINERALS DEPARTMENT

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| BANTA PE         |        |   |
| FILE             |        |   |
| U.S.G.A.         |        |   |
| LAMD OFFICE      |        |   |
| TRAUSPORTER      | ر<br>ف |   |
| ,                | 649    |   |
| OPERATOR         |        |   |
| 222242402 041    | -      | _ |

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

Form C-104
Revised 10-01-78
Format 08-01-83
Page 1

REQUEST FOR ALLOWABLE

| PAGRATION OFFICE   |   |           |  | _           | ND   |  | Con 1  | 5 E A #   |  |
|--|---|-----------|--|-------------|--|--|--|---|--|
|  | Al  | UTHORI    | ZATION TO                                | O TRANS     | PORT OIL   | . AND NATU   | RAL GAS  | SYN DIN   |  |
|  |   |           |  |             |  |  |  |   |  |
| Operator   | TV 0 NN   |           |  |             |  |  |  | -   |  |
| Mobil Producing  | IX & NM   | inc.      |  |             |  |  |  |   | <del>_</del>   |
| <del></del>  |   | 2700      | Houst                                    | on TV       | 77046  |  |  |   |  |
| 9 Greenway Plaza   | a, Suite  | 2700      | , nous co                                | Off IA      | 77040  | Other (Please  |  |   |  |
| New Well   |   | hence to  | Transporter                              | of:         |  |  |  | N £   |  |
| Recompletion   | ř   | 7 ou      | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,  | _           | ry Ges   | Change   | e Operator   | Name from   |  |
| Change in Ownership  | _   | <b>⊣</b>  | sheed Ges                                |             | endensete  | The Si   | uperior Uil  | Company APR   | 1 1986   |
| 7) CHANGE IN CONTROL   |   |           |  |             |  | L  |  |   |  |
| change of ownership give nor   | ™ The Su  | perio     | r Oil Co                                 | ompany,     | 9 Gree   | enway Pla:   | za, Ste 270  | O, Houston,   | TX 77046   |
| ad address of previous owner.  |   |           |  |             |  |  |  |   |  |
| . DESCRIPTION OF WELL  | AND IFA   | SE        |  |             |  |  |  |   | _  |
| _esse Name   | <u> </u>  | ell No.   | Pool Name,                               | including F | ormation   |  | Kind of Lease  | Indian  | Leese No.  |
| Candelario   | ·   | 1         | Basir                                    | n Dakot     | a  |  | State, Federal et  | F•• I-149-  | IND-8463   |
| ection   |   |           |  |             |  |  |  |   |  |
| Unit Letter J :;   | 1450  | Feet Free | The SOL                                  | uth         | ne and   | 1450   | Foot From The  | East  |  |
| Carl Carles  |   |           |  | •           |  |  | <del></del>  |   |  |
| Line of Section  | Township  | 27N       |  | Range       | 9W   | , NMPM   | l <u>,</u>   | San Juan  | County   |
|  |   |           |  |             |  |  |  |   |  |
| IL. DESIGNATION OF TRA   | NSPORTE   | ROFO      | OIL AND N                                | NATURA:     | L GAS  |  |  | copy of this form is  | io he seed   |
| Name of Authorized Transporter o   |   | er Co     | ndensete 🔀                               | - 1         |  |  |  |   | ,  |
| The Permian Oil C  | מינים'  | T ::      | . 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. | الأفسالية   |  |  |  |   |  |
|  |   |           | 0 C                                      |             | DOX 1.   | Cina address   | ton, TX 77   | CORY of this form is  | to be sens)  |
| Name of Authorized Transporter o   |   | Ges 🗀     | er Dry C                                 | <b>303</b>  | Address  | (Give address  | to which approved  | copy of this form is  | io be sens)  |
| Name of Authorized Transporter o   | f Casinghead  |           |  | 717         | Address<br>Bo  | (Give address<br>× 1492, E   | l Paso, TX   | copy of this form is  | to be sent)  |
| Paso Natural Gas   |   | Sec.      |  | Rgo.        | Address<br>Bo  | (Give address  | l Paso, TX   | copy of this form is  | io be seni)  |
| Name of Authorized Transporter of Paso Natural Gas If well produces oil or liquids, give location of tenks.  | Casinghead  | Sec.      | Twp.                                     | Ree.        | Address<br>BO<br>Is gas ec   | (Give address<br>× 1492, E   | Paso, TX   | copy of this form is  | to be sent)  |
| Name of Authorized Transporter of Paso Natural Gas  If well produces oil or liquids, give location of tanks.   | Casinghead  | Sec.      | Twp.                                     | Ree.        | Address<br>BO<br>Is gas ec   | (Give address<br>× 1492, E   | Paso, TX   | copy of this form is  | io be senij  |
| Paso Natural Gas If well produces ell er liquids, give location el tente.  I this production is commingle  | Unit  | Sec.      | Twp.                                     | Ree.        | Address<br>BO<br>Is gas ec   | (Give address<br>× 1492, E   | Paso, TX   | copy of this form is  | io be sens)  |
| Name of Authorized Transporter of Paso Natural Gas If well produces oil or liquids, give location of tents. If this production is commingle  | Unit  | Sec.      | Twp.                                     | Ree.        | Address<br>BO<br>Is gas ec   | (Give address X 1492, Extractly connections)   | I Paso, TX od? When  | 79978   | io be sens)  |
| Name of Authorized Transporter of Paso Natural Gas If well produces oil or liquide, give location of tanks. If this production is commingled NOTE: Complete Parts IV a   | Unit that and V on re   | Sec.      | Twp.                                     | Ree.        | Address<br>BO<br>Is gas ec   | (Give address X 1492, Extractly connections)   | Paso, TX   | 79978  ON DIVISION  |  |
| Name of Authorized Transporter of L Paso Natural Gas If well produces oil or liquide, give location of tents. If this production is commingle NOTE: Complete Parts IV a VI. CERTIFICATE OF COMP  | Unit Unit d with that   | from any  | Twp.                                     | Ree.        | Address BO Is gas ec   | (Give address x 1492, Extradity connections) mangling order  | I Paso, TX od? When  | 79978  ON DIVISION  | 1986   |
| Name of Authorized Transporter of L. Paso Natural Gas  If well produces oil or liquids, give location of tanks.  If this production is commingle NOTE: Complete Parts IV a  II. CERTIFICATE OF COMP  | Unit d with that and V on re  | from any  | y other leas                             | Ree.        | Address BO Is gas so   | (Give address X 1492, Extractly connections)   | I Paso, TX od? When  | 79978  ON DIVISION  |  |
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| Designate Type of Complet          | ion - (X)                   | Oil Mell  | Gas Well                         | New Well                          | Workover                         | Despen        | Plug Beck                                      | Same Res'v.    | Dill Ree      |
|------------------------------------|-----------------------------|-----------|----------------------------------|-----------------------------------|----------------------------------|---------------|--|----------------|---------------|
| Date Spudded                       | Date Compi. Ready to Prod.  |           | Total Depti                      | ·                                 | <del>-i</del>                    | P.B.T.D.      | <u>:                                      </u> | <u>.</u> .     |               |
| Elevetions (DF, RKB, RT, GR, etc., | Name of Producing Formation |           | Top OII/Ge                       | s Pay                             |                                  | Tubing Depth  |  |                |               |
| foretions                          |                             |           | <u>.l</u> _                      | <del></del>                       |                                  | Depth Cast    | ng Shoe  |                |               |
| _                                  |                             | TUBING, C | ASING, AN                        | D CEMENTI                         | NG RECORD                        |               | <del></del>                                    |                |               |
| HOLE SIZE                          | CASING & TUBING SIZE        |           |                                  |                                   | DEPTH SE                         |               | SA   | CKS CEME       | 17            |
|                                    |                             |           |                                  | <del> </del>                      | <del></del>                      | ··-           |  | <del></del>    |               |
|                                    |                             |           |                                  |                                   |                                  |               |  |                |               |
| 7. TEST DATA AND REQUEST OIL WELL  | FOR ALLO                    | WABLE (T  | est must be a<br>ble for this de | fer recovery a<br>pph or be for f | of total valum<br>full 24 hours) | e of load oil | and must be es                                 | jual to or exc | red top allow |
| Date First New Oil Run To Tanks    | Date of Test                |           | Producing M                      | ethod (Flow,                      | pump, gas li                     | (i, eic.)     |  | <del></del>    |               |
| Length of Teet                     | Tubing Press                | ame.      | <del></del>                      | Casing Pres                       | ewe :                            |               | Choke Size                                     |                | <del></del>   |
| Actual Prod. During Test           | Oil - Bals.                 |           | <del></del>                      | Weter - Bbia.                     |                                  |               | Ges - MCF                                      |                |               |
| AS WELL                            | <del></del>                 |           |                                  | l                                 |                                  |               | <u> </u>                                       | ·              |               |
| Actual Prod. Test-MCF/D            |                             |           | <del></del> -                    | Bbis. Conde                       | negie/MMCF                       |               | Gravity of Condensate                          |                |               |
| Testing Method (picos, back pr.)   | Tubing Pressure (Shat-in)   |           |                                  | Casing Pressure (Shak-is)         |                                  |               | Chake Size                                     |                |               |
|                                    | <u> </u>                    |           |                                  | <u> </u>                          |                                  |               | <u>.</u>                                       |                |               |
|                                    |                             |           |                                  |                                   |                                  |               |  |                |               |
| •                                  |                             |           |                                  |                                   |                                  | •             |  |                |               |
| •                                  |                             |           |                                  |                                   |                                  |               |  |                |               |
|                                    |                             |           |                                  |                                   |                                  |               |  |                |               |
|                                    |                             |           |                                  |                                   |                                  |               |  |                |               |
|                                    |                             |           |                                  |                                   |                                  |               |  |                |               |
|                                    |                             |           |                                  |                                   |                                  |               |  |                |               |
|                                    |                             | •         |                                  |                                   |                                  |               |  |                |               |
|                                    |                             |           |                                  |                                   |                                  |               |  |                |               |