

|                  |     |  |
|------------------|-----|--|
| DISTRIBUTION     |     |  |
| SANTA FE         |     |  |
| FILE             |     |  |
| U.S.G.S.         |     |  |
| LAND OFFICE      |     |  |
| TRANSPORTER      | OIL |  |
|                  | GAS |  |
| OPERATOR         |     |  |
| PRORATION OFFICE |     |  |

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-110  
 Effective 1-1-65

Operator  
 Mobil Oil Corporation

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

|                                              |                                         |                                        |                   |
|----------------------------------------------|-----------------------------------------|----------------------------------------|-------------------|
| Reason(s) for filing (Check proper box)      |                                         | Other (Please explain)                 |                   |
| New Well <input type="checkbox"/>            | Change in Transporter of:               | Change of lease name because of Uniti- |                   |
| Recompletion <input type="checkbox"/>        | Oil <input type="checkbox"/>            | Dry Gas <input type="checkbox"/>       | zation, Formerly: |
| Change in Ownership <input type="checkbox"/> | Casinghead Gas <input type="checkbox"/> | Condensate <input type="checkbox"/>    | NM DJ State #1    |

If change of ownership give name and address of previous owner  
 Texaco, Inc., Box 3109, Midland, Texas 79702

**DESCRIPTION OF WELL AND LEASE**

|                       |      |          |                                |                             |           |
|-----------------------|------|----------|--------------------------------|-----------------------------|-----------|
| Lease Name            | Unit | Well No. | Pool Name, Including Formation | Kind of Lease               | Lease No. |
| North Vacuum Abo East |      | 6        | North Vacuum Abo Pool          | State, Federal or Fee State | B-161     |

Location  
 Unit Letter D : 660 Feet From The N Line and 660 Feet From The W  
 Line of Section 18 Township 17-S Range 35-E, NMPM, Lea County

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

|                                                                                                                          |                                                                          |
|--------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>         | Address (Give address to which approved copy of this form is to be sent) |
| Mobil Pipeline                                                                                                           | P. O. Box 900 Dallas, Tx 75221 Attn: D.C. Kenne                          |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) |
| Phillips Petroleum Pipeline                                                                                              | B-2 Phillips Building, Odessa, TX 79760                                  |

|                                                          |      |      |      |        |                            |         |
|----------------------------------------------------------|------|------|------|--------|----------------------------|---------|
| If well produces oil or liquids, give location of tanks. | Unit | Sec. | Twp. | Range. | Is gas actually connected? | When    |
|                                                          | N    | 7    | 17-S | 35-E   | Yes                        | 11-1-78 |

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** (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/MCF      | 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 Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Ad Bond  
 (Signature)  
 Regulatory Engineering Coordinator  
 (Title)  
Oct 18 1978  
 (Date)

OIL CONSERVATION COMMISSION  
 00124 1978

APPROVED \_\_\_\_\_, 19\_\_\_\_

BY Jerry Sexton by Jerry Sexton  
Don J. Suggs Don J. Suggs

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 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 well in compliance