

OIL CONSERVATION DIVISION
P. O. BOX 2008
SANTA FE, NEW MEXICO 87501

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| FILE | |
| U.S.U.B. | |
| LAND OFFICE | |
| TRANSPORTER | OIL |
| | NATURAL GAS |
| OPERATOR | |
| PRODUCTION OFFICE | |

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION 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 of: Effective 1-1-85

Recompletion Oil 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 Government "H" Com | Well No. 1 | Pool Name, including Formation Hat Mesa <i>Permian</i> | Kind of Lease State, Federal or Free Federal Federal | Lease No. |
| Location | | | | |
| Unit Letter G | 1980 | Feet From The North Line and | 1980 | Feet From The East |
| Line of Section 10 | T. wnship 21S | Range 32E | , NMPM, Lea 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"/> | Address (Give address to which approved copy of this form is to be sent) | | | |
| The Permian Corporation (Truck) | P.O. Box 1183, Houston, Texas 77001 | | | |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) | | | |
| * Gas Company of New Mexico | * First International Bldg., Dallas, Texas | | | |
| ** Llano, Inc. | ** P. O. Drawer 1320, Hobbs, New Mexico 88240 | | | |
| If well produces oil or liquids, give location of tanks. | Unit G | Sec. 10 | Twp. 21S | Rge. 32E |
| | Is gas actually collected? Yes | | | |
| | *South Union 10-14-74 | | | |
| | ** Llano 1-6-76 | | | |

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. |
| (X) | | | | | | | | |
| 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)

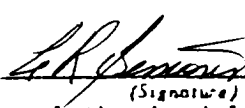
| | | | |
|---------------------------------|-----------------|---|------------|
| Date First New Oil Run To Tanks | Date of Test | Producing Method (Flow, pump, gas lift, etc.) | |
| Length of Test | Tubing Pressure | Casing Pressure | Chore Size |
| Actual Prod. During Test | Oil-Bbls. | Water-Bbls. | Gas-MCF |

GAS WELL

| | | | |
|-----------------------------------|---------------------------|---------------------------|-----------------------|
| Actual Prod. Test-MCF/D | Length of Test | Bbls. Condensate/MMCF | Gravity of Condensate |
| Testing Method (pistol, back pr.) | Tubing Pressure (Shot-in) | Casing Pressure (Shot-in) | Chore 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
JAN - 2 1985

APPROVED _____, 19____

BY **ORIGINAL SIGNED BY JERRY SEXTON**
DISTRICT I SUPERVISOR

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 transportation, or other such change of conditions.
Separate Form C-104 must be filed for each pool in multi-completed wells.

RECEIVED
DEC 31 1984
O.C.D.
HOBBS OFFICE