

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

Revised 10-1-78

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)

New Well ☐ Change in Transporter of: ☐  
Recompletion ☐ Oil ☐ Dry Gas ☐  
Change in Ownership ☒ Casinghead 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<br>Government "B" Com                                                                                                                                                                                   | Well No.<br>1 | Pool Name, including Formation<br>Vada Penn | Kind of Lease<br>State, Federal or Fee Federal | Lease No.<br>NM-1172 |
| Location<br>Unit Letter <u>N</u> : <u>810</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>West</u> & NM-50<br>Line of Section <u>5</u> Township <u>9S</u> Range <u>35E</u> , 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"/><br>Amoco Pipeline Co.           | Address (Give address to which approved copy of this form is to be sent)<br>302 E. Avenue "A", Lovington, NM 88260 |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/><br>Warren Petroleum Co. | Address (Give address to which approved copy of this form is to be sent)<br>P. O. Box 67, Monument, NM 88265       |
| If well produces oil or liquids, give location of tanks.<br>Unit <u>N</u> Sec <u>5</u> Twp <u>9S</u> Rng <u>35E</u>                              | Is gas actually connected? <u>Yes</u> When                                                                         |

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 as prev. | Diff. Res. |
| 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 |
|           |                      |           |              |
|           |                      |           |              |
|           |                      |           |              |

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)

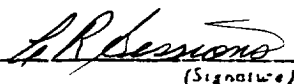
|                                 |                 |                                               |            |
|---------------------------------|-----------------|-----------------------------------------------|------------|
| Date First New Oil Run To Tanks | Date of Test    | Producing Method (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 (pilot, back pr.) | Tubing Pressure (Shot-in) | Casing Pressure (Shot-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.

  
(Signature)

C. R. Sessions

Authorized Agent

(Title)

December 26, 1984

(Date)

OIL CONSERVATION DIVISION

APPROVED JAN - 2 1985, 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 deviate 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 conditions.

Separate forms shall be filed for each pool to which production is added.

RECEIVED

DEC 31 1984

O.C.D.  
HOBBS OFFICE