

| | |
|-------------------|--|
| FILE | |
| U.S.G.S. | |
| LAND OFFICE | |
| TRANSPORTER | <input type="checkbox"/> OIL <input type="checkbox"/> GAS |
| OPERATOR | |
| PRODUCTION OFFICE | |

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Superseded by Order of the
Effective 1-1-65

| | |
|--|--|
| Operator Mobil Oil Corporation | |
| Address P. O. Box 633, Midland, Texas 79701 | |
| Reason(s) for filing (Check proper box) New Well <input checked="" type="checkbox"/> Change in Transporter of: Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Change in Ownership <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> | |
| Other CASINGHEAD GAS MUST NOT BE FLARED AFTER 4/2/73 UNLESS AN EXCEPTION TO R-4070 IS OBTAINED. | |

If change of ownership give name and address of previous owner _____

| | | | |
|--|-----------------------|---|---|
| DESCRIPTION OF WELL AND LEASE | | | |
| Lease Name Santa Fe Pacific | Well No. 12 | Pool Name, including Formation Crossroad Devonian | Kind of Lease State, Federal or Fee Fee |
| Location Unit Letter L : 330 Feet From The West Line and 2310 Feet From The South Line of Section 26 Township 9-S Range 36-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"/> Mobil Pipe Line Company | Address (Give address to which approved copy of this form is to be sent) Box 900, Dallas, Texas 75221 | | |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) | | |
| If well produces oil or liquids, give location of tanks. | Unit M | Sec. 23 | Twp. 9 |
| | Page 36 | Is gas actually connected? No | |
| When We are at this time negotiating a gas contract. | | | |

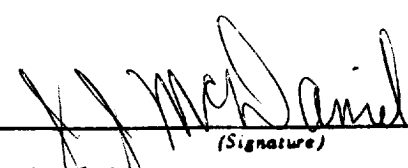
If this production is commingled with that from any other lease or pool, give commingling order number: _____

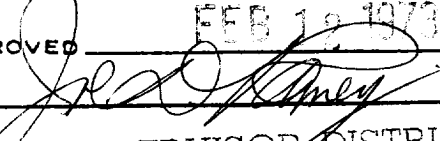
| | | | |
|---|--|-----------------------------------|--|
| COMPLETION DATA | | | |
| Designate Type of Completion - (X) | Oil Well <input checked="" type="checkbox"/> | Gas Well <input type="checkbox"/> | New Well <input checked="" type="checkbox"/> |
| | Workover <input type="checkbox"/> | Deepen <input type="checkbox"/> | Plug Back <input type="checkbox"/> |
| | Same Res't. | Diff. Res't. | |
| Date Spudded 11-27-72 | Date Compl. Ready to Prod. 2-3-73 | Total Depth 12,120 | P.B.T.D. -- |
| Elevations (DF, RAB, RT, GR, etc.) 4029 GR | Name of Producing Formation Crossroad Devonian | Top Oil/Gas Pay 12,076 | Tubing Depth 12,056 |
| Perforations 12,076-12, 082, 12,090-12,102 1 JSPF Total of 20 holes | | | Depth Casing Shoe 12,120 |
| TUBING, CASING, AND CEMENTING RECORD | | | |
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
| 17-1/2 | 13-3/8 | 360 | 400 sx. |
| 12-1/4 | 9-5/8 | 5000 | 2600 sx. |
| 8-3/4 | 7" Liner | 12119 | 2050 sx. |

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 2-2-73 | Date of Test 2-7-73 | Producing Method (Flow, pump, gas lift, etc.) Flowing | |
| Length of Test 24 hrs. | Tubing Pressure 325 | Casing Pressure Packer | Choke Size 14/64 |
| Actual Prod. During Test | Oil-Bbls. 545 | Water-Bbls. 0 | Gas-MCF 49.6 |

| | | | |
|----------------------------------|---------------------------|---------------------------|-----------------------|
| GAS WELL | | | |
| Actual Prod. Test-MCF/D | Length of Test | Bbls. Condensate/MMCF | 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. | |
|  (Signature) | |
| Authorized Agent | |
| (Title) | |
| February 8, 1973 | |
| (Date) | |

| | |
|--|--|
| OIL CONSERVATION COMMISSION | |
| APPROVED  FEB 12 1973 | |
| BY _____ | |
| TITLE SUPERVISOR DISTRICT I | |
| 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 conditions. | |
| Separate Forms C-104 must be filed for each pool in multiply completed wells. | |