

OIL CONSERVATION DIVISION  
P. O. BOX 2000  
SANTA FE, NEW MEXICO 87501

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| SANTA FE               |  |
| FILE                   |  |
| U.S.D.                 |  |
| LAND OFFICE            |  |
| TRANSPORTER            | OIL <input type="checkbox"/><br>GAS <input type="checkbox"/> |
| 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 <input type="checkbox"/>                       | Change in Transporter of:               |                                     |
| Recompletion <input type="checkbox"/>                   | Oil <input type="checkbox"/>            | Dry Gas <input type="checkbox"/>    |
| Change in Ownership <input checked="" type="checkbox"/> | Casinghead Gas <input type="checkbox"/> | Condensate <input type="checkbox"/> |

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

II. DESCRIPTION OF WELL AND LEASE

|  |               |  |  |                     |
|--|---------------|--|--|---------------------|
| Lease Name<br>State "N"  | Well No.<br>1 | Pool Name, Including Formation<br>North Vacuum - Abo | Kind of Lease<br>State, Federal or Fee State | Lease No.<br>L-2945 |
| Location<br>Unit Letter <u>F</u> : <u>1780</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>West</u><br>Line of Section <u>10</u> Township <u>17S</u> Range <u>34E</u> , NMPM, <u>Lea</u> County |               |  |  |                     |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

|  |  |
|--|--|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/><br>Mobil Pipe Line                    | Address (Give address to which approved copy of this form is to be sent)<br>P. O. Box 900, Dallas, Texas 75221 |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/><br>Phillips Petroleum Company | Address (Give address to which approved copy of this form is to be sent)<br>4001 Penbrook, Odessa, Texas 79762 |
| If well produces oil or liquids, give location of tanks.<br>Unit <u>F</u> Sec. <u>10</u> Twp. <u>17S</u> Rge. <u>34E</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:

IV. 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, RAB, 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      |             |              |
|                                      |                             |          |                 |          |        |                   |             |              |
|                                      |                             |          |                 |          |        |                   |             |              |
|                                      |                             |          |                 |          |        |                   |             |              |

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)

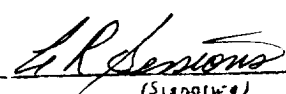
|                                |                 |   |            |
|--------------------------------|-----------------|---|------------|
| Date First New Oil Run To Tank | Date of Test    | Producing Method (Flow, pump, gas lift, etc.) |            |
| Length of Test                 | Tubing Pressure | 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 (shut-in) | Casing Pressure (shut-in) | Choke Size            |

VI. 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  
 December 26, 1984

OIL CONSERVATION DIVISION

APPROVED JAN - 2 1985, 19\_\_\_\_  
 BY ORIGINAL SIGNED BY JERRY SEXTON  
 TITLE DISTRICT SUPERVISOR

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 transporter, or other such change of conditions.  
 Separate Form C-104 must be filed for each pool or field or recompleted wells.

RECEIVED

DEC 31 1984

O.C.D.  
HOBBS OFFICE