

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

| | |
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| LAND OFFICE | |
| TRANSPORTER | OIL |
| | GAS |
| OPERATOR | |
| PROMOTION OFFICE | |

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

Form C-104
Revised 10-01-78
Format 08-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator: Mobil Producing TX & NM Inc.

Address: c/o Mobil Exploration & Producing U.S. Inc. P.O. Box 633 Midland, Texas 79702

Reason(s) for filing (Check proper box):

| | | |
|--|---|--|
| <input checked="" type="checkbox"/> New Well | Change in Transporter of: | Other (Please explain): Approval to flare casinghead gas from this well must be obtained from the BUREAU OF LAND MANAGEMENT (BLM) |
| <input type="checkbox"/> Recompletion | <input type="checkbox"/> Oil | |
| <input type="checkbox"/> Change in Ownership | <input type="checkbox"/> Casinghead Gas | |

☐ Dry Gas
☐ Condensate

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

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|--|----------------------|---|--|---------------------------|
| Lessee Name Mobil Caviness 10 Federal | Well No. 2 | Pool Name, including Formation Mescalero Escarpe Bone Spring | Kind of Lease State, Federal or Fee Federal | Lease No. USA-NM-53380 |
| Location | | | | |
| Unit Letter 0 | Feet From The 660 | South Line and 1980 | Feet From The East | |
| Line of Section 10 | Township 18-S | Range 33-E | NMPM, Lea | 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"/> JM Petroleum | Address (Give address to which approved copy of this form is to be sent) 2000 N. Tower, Plaza Of Americas, Dallas, TX |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Flared | 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: 0, Sec: 10, Twp: 18-S, Rge: 33-E |
| Is gas actually connected? | No |

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

NOTE: Complete Parts IV and V on reverse side if necessary.

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 is true and complete to the best of my knowledge and belief.

Nancy Lewis
(Signature)
Mobil Exploration & Producing U.S. Inc.
an Agent for Mobil Producing TX & NM Inc.
8-25-83
(Date)

OIL CONSERVATION DIVISION

APPROVED _____, 19____
BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT 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 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 pool in multiply completed wells.

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 | | X | | | | | |
| Date Spudded 3-25-88 | Date Compl. Ready to Prod. 6-29-88 | | Total Depth 8948 | | | P.B.T.D. 8868 | | | |
| Elevations (DF, RKB, RT, CR, etc.), KB - 3996 | Name of Producing Formation Bone Springs | | Top Oil/Gas Pay 8631 | | | Tubing Depth 8535 | | | |
| Perforations 8631-8789 Bone Springs | | | | | | Depth Casing Shoe | | | |

TUBING, CASING, AND CEMENTING RECORD

| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
|-----------|----------------------|-----------|--------------|
| 17½ | 13-3/8 | 450 | 500 |
| 12½ | 8-5/8 | 3150 | 1450 |
| 7-7/8 | 5½ | 8950 | 1700 |

V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of lost 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 6-29-88 | Date of Test 8-23-88 | Producing Method (Flow, pump, gas lift, etc.) Pumping | |
| Length of Test 24 hrs | Tubing Pressure | Casing Pressure | Choke Size |
| Actual Prod. During Test | Oil - Bbls. 72.0 | Water - Bbls. 80 | Gas - MCF 83 |

GAS WELL

| | | | |
|----------------------------------|---------------------------|---------------------------|------------------------------------|
| Actual Prod. Test - MCF/D | Length of Test | Bbls. Condensate/MCF | Gravity of Condensate 39.1 @ 60 |
| Testing Method (prior, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size |