

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

DATE RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	☐ OIL ☐ 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 "G"	Well No.	1	Pool Name, including Formation	Lea - San Andres	Kind of Lease	Federal	Lease No.	NM-038155
Location	Unit Letter 0 : 330 Feet From The South Line and 1700 Feet From The East								
Line of Section	24	T. or S.	19S	Range	34E	NMPM,	Lea	County	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)
Permian Corporation (truck)	1509 W. Wall, Midland, Texas 79701
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐	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. 24 Twp. 19S Rge. 34E Is gas actually connected? No When Unknown at present

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, RKB, 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)

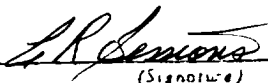
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (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.


(Signature)

C. R. Sessions

Authorized Agent

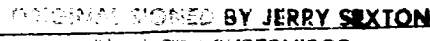
December 26, 1984

(Date)

OIL CONSERVATION DIVISION

JAN - 2 1985

APPROVED _____, 19 _____

BY  JERRY SEXTON
DIRECTOR SUPERVISOR

TITLE _____

This form is to be filed in compliance with RULE 1101.
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a calculation of the geostatic 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 casing well name or number, or transportation of such change of conditions.
Complete Form O-101 must be filed for each pool for monthly allowable.

RECEIVED

DEC 31 1984

O.C.D.
HOBBS OFFICE