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TRANSPORTER	OIL		
	GAS		
OPERATOR			

NEW MEXICO OIL CONSERVATION COMM Form C-104 REQUEST FOR ALLOWABLE Supersedes Old C-104 and C-110 Effective 1-1-65 AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS PRORATION OFFICE Operator Mobil Producing Texas & New Mexico Inc. 9 Greenway Plaza, Suite 2700, Houston, TX Reason(s) for filing (Check proper box) Other (Please explain) New Well Change in Transporter of: To change Operator name from Mobil Oil Recompletion 011 Dry Gas Corporation. Change in Ownership Casinghead Gas (Condensate (Effective Date: 1-1-1980) If change of ownership give name and address of previous owner II. DESCRIPTION OF WELL AND LEASE Vell No. Pool Name, Including Formation Kind of Lease Lease No. State, Federal or Fee State Bridges State 1-12-14-86 180 Vacuum Grayburg, S.A B-1520 Location 330 Feet From The South Line and 330 Unit Letter Feet From The Line of Section 26 Township 17-S Range 34-E , NMPM, County II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil XX or Condensate 7 Address (Give address to which approved copy of this form is to be sent) Mobil Pipe Line Company Box 900 Dallas, TX 75221

EFFECT VE: February 1, 1992

Frank Phillips Bldg, Bartlesville, OK 740

Is gas actually connected? When Name of Authorized Transporter of Casinghead GasXX or Dry Gas Phillips Petroleum Co **GPM** Gas Corporation Bartlesville, OK 74004 Unit Sec. Twp. P.ge. If well produces oil or liquids, give location of tanks. 26 17-S 34-F If this production is commingled with that from any other lease or pool, give commingling order number: V. COMPLETION DATA Oil Well Gas Well New Well Workover Plug Back Same Res'v. Diff. Res'v. Designate Type of Completion - (X) Date Spudded Date Compi. 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 (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) OIL WELL 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 - Bbis. Ggs - MCF GAS WELL Actual Prod. Test-MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size CERTIFICATE OF COMPLIANCE OIL CONSERVATION COMMISSION APPROVED 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. Orig. Signed by BY. Jerry Sexton Dist 1. Supv. 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. Authorized

(Title) October 31

(Date)

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

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O.C.D. HOBBS, OFFICE