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TLINIE UP LEW MEXICO ENERGY AND MINERALS DEPARTMENT	Form C-104 Revised 10-01-78 Format 05-01-83 Format 05-01-83 Format 05-01-83
DISTRIBUTION OIL CONSERVA	
PILE SANTA FE, NEW	
0.5.0.3.	
LAND OFFICE OIL REQUEST FOR AN ANTHORIZATION TO TRANSPO	D
I. Operation	
Mobil Producing TX & NM Inc.	
y Greenway Flaza, Suite 2700, Houses	77046
Reason(s) for filing (Check proper box)	Other (Please explain)
New Voll Change in Transporter of:	Change Operator Name from
Recompletion	The Superior Oil Company APR 11986
Change in Ownership	
If change of ownership give name The Superior Oil Company, and address of previous owner	9 Greenway Plaza, Ste 2700, Houston, TX 77046
THE PROPERTY AND LEASE	Ma
II. DESCRIPTION OF WELL AND LEASE	remation Kind of Lease Lease No.
Mescalero Ridge B Com 1 Scharb - Bone	Spring State. Federal or Fee Fee
Location	Eac+
Unit Letter0 ; Feet From The South_Line	end 1839 Feet Free The East
17 195	35E NMPM, Lea County
Line of Section 17 Township 193 Hange	
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL	GAS Address (Give address to which approved copy of this form is to be sent)
Nees of Authorized Transporter of Cil X	Box 2523, Hobbs, NM 88240
Texas - New Mexico Pipeline Co.	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas ar Dry Gas	4001 Penbrook, Odessa, TX 79762
Phillips Petroleum Company los Matt Fras	Is gas actually connected? , when
tf well produces oil or liquide. give location of tanks. K 17 195 35E	Yes 10/26/83
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.	
	OIL CONSERVATION DIVISION
VI. CERTIFICATE OF COMPLIANCE	MAR 2.0. 1986
I hereby certify that the rules and regulations of the Oil Conservation Division have	APPROVED IIIAR & U 1300, 19
been complied with and that the information given in due and complete	BYORIGINAL SIGNED BY JEARS SEXTON
my knowledge and belief.	DISTRICT I SUPERVISOR
the second state of the se	This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepene well, this form must be accompanied by a tabulation of the deviation well, this form must be accompanied by a tabulation of the deviation
(Signature)	If tests taken on the well in accordance with House the
Authorized Agent	All sections of this form must be filled out completely for allow
(Tule)	able on new and recompleted wells.
MAR 1 4 1986	If well name of number, of transporter, or other even energy
(Dase)	Fill out only Sections I. II. III. and such change of condition well name or number, or transporter, or other such change of condition Separate Forms C-104 must be filed for each pool in multipl completed wells.

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IV. COMPLETION DATA

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		OII Well	Ges Well						
Designate Type of Completion	on - (X)		1 1 1 1 1	New Well	Workover	Deepen	Plug Beck	Same Res'v.	Dill Res'v.
Deta Spudded	Dete Compl	L Reciy to P	704.	Total Dept			P.B.T.D.	1 	
							P.B. 1.D.		
Eleveticas (DF, RKB, RT, GR, etc.)	Name of Pro	oducing Form	dion	Top OU/Ge	a Pey		Tubing Dep		
					•••			. n	
Perforations							Depth Castr	a Shoe	
		TUBING, C	CASING, AN	D CEMENTI	NG RECOR	,			
HOLE SIZE	CASIN	G & TUBI		DEPTH SET SAC			CKS CEMEN		
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V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to ar exceed top allow-OIL WELL cbie for this depth or be for full 24 houre;

Date First New Oil Run Te Tanka	Date of Test	Producing Method (Flow, pump, gas lift, esc.)		
Length of Tool	Tubing Pressure	Casing Pressure	Chese Size	
Artual Prod. During Test	ОЦ - Выз.	Weist . Bbis.	Ges-MCF	

GAS WELL

Actual Pred. Test+MCF/D	Longth of Test	Bbla. Contenente/LOACF	Grevity of Condensate
Testing Method (publ, back pr.)	Tubing Pressure (Shat-in)	Cosing Pressure (Sbut-in)	Cheke Size
and the sub-section of the sub-s			

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