

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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| LAND OFFICE            |     |
| TRANSPORTER            | OIL |
|                        | GAS |
| OPERATOR               |     |
| PRODUCTION OFFICE      |     |

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

Form C-104  
Revised 10-01-78  
Format 06-01-83  
Page 1

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator  
Mobil Producing TX & NM Inc.

Address  
9 Greenway Plaza, Suite 2700, Houston, TX 77046

Reason(s) for filing (Check proper box)

|   |  |   |
|---|--|---|
| <input type="checkbox"/> New Well                       | <input type="checkbox"/> Change in Transporter of: | Other (Please explain)<br>Change Operator Name from<br>The Superior Oil Company |
| <input type="checkbox"/> Recompletion                   | <input type="checkbox"/> Oil                       |   |
| <input checked="" type="checkbox"/> Change in Ownership | <input type="checkbox"/> Casinghead Gas            |   |

☐ Dry Gas  
☐ Condensate

APR 1 1986

If change of ownership give name and address of previous owner The Superior Oil Company, 9 Greenway Plaza, Ste 2700, Houston, TX 77046

II. DESCRIPTION OF WELL AND LEASE

|  |               |  |  |     |           |
|--|---------------|--|--|-----|-----------|
| Lease Name<br>Mescalero Ridge C  | Well No.<br>1 | Pool Name, including Formation<br>Scharb - Bone Spring | Kind of Lease<br>State, Federal or Fee | Fee | Lease No. |
| Location<br>Unit Letter N : 2121 Feet From The West Line and 801 Feet From The South |               |  |  |     |           |
| Line of Section 17 Township 19S Range 35E, 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"/><br>Texas - New Mexico Pipeline Co.    | Address (Give address to which approved copy of this form is to be sent)<br>Box 2528, Hobbs, NM 88240       |
| 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, TX 79762 |
| If well produces oil or liquids, give location of tanks.<br>Unit N Sec. 17 Twp. 19S Rge. 35E   | Is gas actually connected? Yes When 11/29/84  |

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.

(Signature)  
Authorized Agent  
(Title)  
MAR 14 1986  
(Date)

OIL CONSERVATION DIVISION

APPROVED MAR 20 1986, 19  
BY ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I 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. |
| Date Spudded                                | Date Compl. 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 |           |             |              |
| <b>TUBING, CASING, AND CEMENTING RECORD</b> |                             |          |                 |          |          |                   |           |             |              |
| 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/MCF      | Gravity of Condensate |
| Testing Method (plot, back pr.) | Tubing Pressure (Shut-In) | Casing Pressure (Shut-In) | Choke Size            |

RECEIVED  
MAR 18 1986  
OIL FIELD  
HOBBS OFFICE