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| SANTA FE               |     |
| FILE                   |     |
| U.S.G.S.               |     |
| 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)  
☒ New Well  
☐ Recompletion  
☐ Change in Ownership

Change in Transporter of:  
☐ Oil  
☐ Gas  
☐ Dry Gas  
☐ Condensate

Other (Please explain)  
shares w/ #5-B

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

|   |                |  |  |                |                    |
|---|----------------|--|--|----------------|--------------------|
| Lease Name<br>North Vacuum Abo East Unit  | Well No.<br>21 | Pool Name, including Formation<br>North Vacuum Abo | Kind of Lease<br>State, Federal or Fee | State<br>State | Lease No.<br>B-161 |
| Location<br>Unit Letter A ; 660 Feet From The East Line and 660 Feet From The North |                |  |  |                |                    |
| Line of Section 18 Township 17-S Range 35-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"/><br>See Reverse                             | Address (Give address to which approved copy of this form is to be sent)  |      |      |      |                                 |
| Name of Authorized Transporter of Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/><br>Phillips Petroleum Corporation 66 Natl Gas | Address (Give address to which approved copy of this form is to be sent)<br>Phillips Bldg, Bartlesville, OK 74004 |      |      |      |                                 |
| If well produces oil or liquids, give location of tanks.  | Unit  | Sec. | Twp. | Rge. | Is gas actually connected? When |
|   |   | 18   | 17S  | 35E  | Yes 3-26-86                     |

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)  
Authorized Agent  
(Title)  
3-27-86  
(Date)

OIL CONSERVATION DIVISION

APPROVED APR 1 - 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 deepener 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<br>X                         | Gas Well | New Well<br>X           | Workover | Deepen                    | Plug Back | Same Res'v. | Diff. Res'v. |
| Date Spudded<br>2-2-86                        | Date Compl. Ready to Prod.<br>3-20-86 |          | Total Depth<br>8975     |          | P.B.T.D.<br>8930          |           |             |              |
| Elevations (DF, RKB, RT, CR, etc.)<br>KB-4010 | Name of Producing Formation<br>Abo    |          | Top Oil/Gas Pay<br>8814 |          | Tubing Depth<br>SN @ 8845 |           |             |              |
| Perforations<br>8814-8862                     |                                       |          |                         |          | Depth Casing Shoe         |           |             |              |
| TUBING, CASING, AND CEMENTING RECORD          |                                       |          |                         |          |                           |           |             |              |
| HOLE SIZE                                     | CASING & TUBING SIZE                  |          | DEPTH SET               |          | SACKS CEMENT              |           |             |              |
| 17-1/2  | 13-3/8                                |          | 425                     |          | 500                       |           |             |              |
| 12-1/4  | 9-5/8                                 |          | 5000                    |          | 2200                      |           |             |              |
| 7-7/8   | 5-1/2                                 |          | 4227-8975               |          | 1100                      |           |             |              |

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<br>3-20-86 | Date of Test<br>3-26-86 | Producing Method (Flow, pump, gas lift, etc.)<br>pumping |                  |
| Length of Test<br>24 hrs                   | Tubing Pressure         | Casing Pressure  | Choke Size       |
| Actual Prod. During Test                   | Oil - Bbls.<br>86       | Water - Bbls.<br>5                                       | Gas - MCF<br>113 |

GAS WELL

|                                  |                           |                           |                                     |
|----------------------------------|---------------------------|---------------------------|-------------------------------------|
| Actual Prod. Test - MCF/D        | Length of Test            | Bbls. Condensate/MMCF     | Gravity of Condensate<br>37.5 @ 60° |
| Testing Method (prior, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size                          |

Name of Authorized Transporter of Oil:

87.5000% Mobil Pipeline Company  
12.5000% Southern Union Rfg. Co.

Box 900, Dallas, TX 75221  
1st International Bldg, Suite 1800  
Dallas, TX 75270

RECEIVED  
MAR 31 1986  
C. E. D. J.  
HOBBS OFFICE