DISTRICT II P.O. Drawer DD, Artesia, NM 88210

The State of the S P.O. Box 2088 Santa Fe. New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410 I.	REQ			LLO'	WAE		AUTHORI					
									API No.			
Mobil Producing TX. & N.M. Inc.*									30-025-30509			
Address *Mobil Exploration & P P. O. Box 633, Midland, To	roducing exas 7	g U.S. In 9702	c, as	s Age	nt fo	or Mobil P	roducing T	X. &. N.M	. Inc.			
Reason(s) for Filing (Check proper box)						X Out	er (Piease expl	ain)				
New Well Change in Transporter of:							CHANGE LEASE NAME FROM STATE SEC. 22 COM TO					
Recompletion 🔀 Oil 🗌 Dry Gas 🗀							STATE SEC. 22 & R/C TO UPPER PENNSYLVANIAN					
Change in Operator	Casinghe	ad Gas 🔲	Conde	ensale								
If change of operator give name and address of previous operator												
I. DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Included the property of the property												
Lease Name			I						Kind of Lease State, Federal or Fee		ase No.	
STATE SEC 22		1 1	WIL	DCAT	UPP	ER PENNS	YLVANIAN	STAT	E			
Location	4000				-00		000		_			
Unit Letter	. <u>1980</u> : _					UTH Lin	_	Fe	et From The	ASI	Line	
Section 22 Townshi	p 1	7-S	Range	35-	-E	, N	MPM,		LEA		County	
Name of Authorized Transporter of Casinghead Gas PHILLIPS 66 NATURAL GAS CO.						RAL GAS Address (Give address to which approved copy of this form is to be sent) P. O. BOX 2267, MIDLAND, TX 79702 Address (Give address to which approved copy of this form is to be sent) P.O. BOX 2105, HOBBS, NEW MEXICO 88240						
If well produces oil or liquids,	Unit	Sec.	Twp.		Rge.	is gas actually connected? When			?			
give location of tanks.	1	l	L			<u> </u>	YES		04/	28/89		
If this production is commingled with that IV. COMPLETION DATA	from any of							······································			· · · · · · · · · · · · · · · · · · ·	
Designate Type of Completion	- (X)	Oil Well	 	Gas W	ell	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			
		TUBING.	CAS	ING A	AND	CEMENTI	NG RECOR	D				
HOLE SIZE CASING & TUBING SIZE							DEPTH SET		SACKS CEMENT			
			-									
												
V. TEST DATA AND REQUES	TEOD	III OW	ARIE	,								
					l muet	he equal to as	exceed ton all	owable for this	denth or he fo	er full 24 kour	e)	
						be equal to or exceed top allowable for this depth or be for full 24 hours.) 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	1											
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				
						<u></u>			<u></u>			
VI. OPERATOR CERTIFICATE OF COMPLIANCE 1 hereby certify that the rules and regulations of the Oil Conservation						OIL CONSERVATION DIVISION						
Division have been complied with and to is true and complete to the best of my k	that the info	rmation giv		/e		Doto	Annrovo	d				
						Dale	Approve	<u> </u>		3. 423 1		
Signature Signature	MI				_	By_	Haria da a companyo		age of the S	0 + 34 € 250 € 84		
Printed Name		ERING TI	Title		-	Title	·	t .				
OCTOBER 15, 1991	(9)	15) 688-	-2452	٤		II						

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

Date

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.

Telephone No.

- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.