

DEPARTMENT	
DIVISION	
SANTA FE	
FILE	
U.S.O.B.	
LAND OFFICE	
TRANSPORTER	OIL
	OAS
OPERATOR	
REGISTRATION OFFICE	

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Mobil Producing Texas & New Mexico, Inc.	
Address Nine Greenway Plaza, Suite 2700, Houston, Texas 77046	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well ☐	Effective 1-1-85
Recompletion ☐	
Change in Ownership ☒	
Change in Transporter of: Oil ☐ Dry Gas ☐ Casinghead Gas ☐ Condensate ☐	
If change of ownership give name and address of previous owner Superior Oil Company, The, P. O. Box 3901, Midland, Texas 79702	

II. DESCRIPTION OF WELL AND LEASE

Lease Name State "A"	Well No. 4	Pool Name, Including Formation Eunice-Monument (G-SA)	Kind of Lease State, Federal or Fee	State	Lease No. 1375-7
Location					
Unit Letter G	: 1980	Feet From The North	Line and 1980	Feet From The East	
Line of Section 2	T. Township 20S	Range 36E	Lea		County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ Texas-New Mexico Pipeline	Address (Give address to which approved copy of this form is to be sent) P. O. Box 2528, Hobbs, NM 88240					
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ Warren Petroleum Corp.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 67, Monument, NM 88264					
If well produces oil or liquids, give location of tanks.	Unit A	Sec. 2	Twp. 20S	Rge. 36E	Is gas actually connected? Yes	When

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Reservoir	Diff. Res.
Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.					
Elevations (DF, RKB, RT, CR, 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

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/MMCF	Gravity of Condensate
Testing Method (pistol, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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 above is true and complete to the best of my knowledge and belief.


(Signature)
C. R. Sessions
Authorized Agent
(Title)
December 26, 1984
(Date)

OIL CONSERVATION DIVISION

JAN - 2 1985

APPROVED _____, 19____

BY _____ ORIGINAL FILED BY JERRY SEXTON

TITLE _____ DISTRICT SUPERVISOR

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deepen well, this form must be accompanied by a tabulation of the deviate tests taken on the well in accordance with RULE 111.
All portions of this form must be filled out completely for allowable on new and recompleted wells.
Fill out only Sections I, II, III, and IV for changes of ownership, well name or number, or transporter, or for such change of conditions.
Separate forms shall must be filed for each pool to which separate allowables are desired.

RECEIVED
DEC 31 1984
O.C.B.
HOBBS OFFICE