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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Supersedes Old C-104 and C-11  
Effective 1-1-85

Operator The Superior Oil Company	
Address 9 Greenway Plaza - Suite 2700 - Houston, TX 77046	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
1st Delivery: 7-27-85	

If change of ownership give name  
and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name West Pearl State	Well No. 1	Pool Name, including Formation Undesignated-Lea Penn-Morrow	Kind of Lease State, Federal or Fee	State State	Lease No. LG-2750
Location					
Unit Letter <u>A</u> : <u>660</u> Feet From The <u>North</u> Line and <u>560</u> Feet From The <u>East</u>					
Line of Section <u>2</u> Township <u>20S</u> Range <u>34E</u> , NMPM, <u>Lea</u> County					

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
JM Petroleum Corporation	2000 N. Tower Plaza of the Americas - Dallas, TX 75201
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Phillips Petroleum Corporation	583 Frank Phillips Bldg., Bartlesville, OK 77004
If well produces oil or liquids, give location of tanks.	Unit : <u>A</u> Sec. : <u>2</u> Twp. : <u>20S</u> Rge. : <u>34E</u>
Is gas actually connected?	When : <u>7-26-85</u>

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

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

*Nancy Lewis*  
(Signature)

MOORE PRODUCING CO. & N.M. INC.  
AS AGENT FOR THE SUPERIOR OIL COMPANY

(Title)  
7-29-85

(Date)

OIL CONSERVATION COMMISSION

APPROVED AUG 14 1985, 19\_\_\_\_  
BY ORIGINAL SIGNED BY EDDIE SEAY  
TITLE OIL & GAS INSPECTOR

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

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

REvised 10-1-70

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

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

OPERATOR

LAND OFFICE

TRANSPORTER

OPERATION OFFICE

OIL

GAS

Operator  
Mobi1 Producing TX. & N.M. Inc.

Address  
Nine Greenway Plaza, Houston, TX 77046

Reason(s) for filing (Check proper box)  
New Well ☒ Change In Transporter of:  
Recompletion ☐ Oil ☐ Dry Gas ☐  
Change In Ownership ☐ Casinghead Gas ☐ Condensate ☐

Other (Please explain)

If change of ownership give name and address of previous owner  
The Superior Oil Company, P.O. Box 3901, Midland, TX 79702

DESCRIPTION OF WELL AND LEASE  
Lea Perm Pool R-7858 4-1-85

Lease Name  
West Pearl State

Well No.  
1

Pool Name, Including Formation  
Undesignated - Morrow

Kind of Lease  
State, Federal or Fee

State  
State

Lease No.  
LG-2750

Location  
Unit Letter A : 660 Feet From The North Line and 560 Feet From The East  
Line of Section 2 Township 20S Range 34E, NMPM, Lea County

DENIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒  
The Permian Corporation

Address (Give address to which approved copy of this form is to be sent)  
P.O. Box 1183, Houston, Texas 77001

Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒  
Negotiating for Contract

Address (Give address to which approved copy of this form is to be sent)

If well produces oil or liquids, give location of tanks.  
Unit A Sec. 2 Twp. 20S Rge. 34E

Is gas actually connected? No

When

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

COMPLETION DATA

Designate Type of Completion - (X)  
Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v. Diff. Res'

Date Spudded 7-5-84 Date Compl. Ready to Prod. 12-7-84 Total Depth 14,840' P.B.T.D. 14,318'

Elevations (DF, RKB, RT, GR, etc.) 3792.3' GR Name of Producing Formation Morrow Top Oil/Gas Pay 13,000' Tubing Depth 12,947'

Perforations 13,046-13,054'; 13,106-13,118' (Morrow) Depth Casing Shoe 14,553'

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE  
17-1/2"  
12-1/4"  
8-1/2"

CASING & TUBING SIZE  
13-3/8"  
9-5/8"  
7"

DEPTH SET  
1,780'  
5,250'  
14,553'  
DV @ 10,932'

SACKS CEMENT  
1500 sxs C  
2100 sxs Lite, 475 C  
1400 sx H, 375 sxs Li  
550 sxs H

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 oil able for this depth or be for full 24 hours)

Date First New Oil Run To Tanks  
Length of Test  
Actual Prod. During Test

Date of Test  
Tubing Pressure  
Oil - Bbls.

Producing Method (Flow, pump, gas lift, etc.)  
Casing Pressure  
Water - Bbls.

Choke Size  
Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D  
1008

Length of Test  
24 Hrs.

Bbls. Condensate/MCF  
55

Gravity of Condensate  
53.3

Testing Method (pilot, back pr.)  
Back Pressure

Tubing Pressure (shut-in)  
4280

Casing Pressure (Shut-in)  
Pkr.

Choke Size  
9/64"

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.

G. E. Tate  
As Agent for The Superior Oil Company  
Regulatory Manager

(Title)  
1-22-85  
(Date)

OIL CONSERVATION DIVISION  
AUG 14 1985  
APPROVED  
ORIGINAL SIGNED BY EDDIE SEAY  
BY  
OIL & GAS INSPECTOR  
TITLE  
This form is to be filed in compliance with RULE 1104.  
If this is a request for allowable for a newly drilled or deeper well, this form must be accompanied by a tabulation of the deviate tests taken on the well in accordance with RULE 111.  
All sections of this form must be filled out completely for all able 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 multi-

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JAN 25 1985

O.C.  
HOBBS OFFICE