I. Mobil Oil Corporation

Box 633, Midland, Texas 79701

Reason for filing (Check proper box)

New Well ☐ Change in Transporter of: Oil ☐ Dry Gas ☐ Casinghead Gas ☐ Condensate ☒

Recompletion ☐ Change in Ownership ☐

Other (Please explain) Effective 9-1-72

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name: E. O. Carson Well No. 1 Pool Name, Including Formation: Vacuum Glorieta Kind of Lease: State, Federal or Fee Fee Lease No.

Location: Unit Letter F : 1980 Feet From The North Line and 1980 Feet From The West

Line of Section 33 Township 20 S Range 35 E NMPM Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND/OR NATURAL GAS

Name of Authorized Transporter of Oil or Condensate: Texas New Mexico Pipe Line Co. Address (Give address to which approved copy of this form is to be sent): Box 1570, Midland, Texas 79701

Name of Authorized Transporter of Casinghead Gas or Dry Gas: Northern Natural Gas Co. Address (Give address to which approved copy of this form is to be sent): Central Nat'l Bank, Hobbs, N.M.

If well produces oil or liquids, give location of tanks: Unit F Sec. 33 Twp. 20 S Rge. 35 E Is gas actually connected? Yes When

If this production is commingled with that from any other lease or pool, give commingling order number: R-2079

IV. COMPLETION DATA

Designate Type of Completion – (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resv.	Diff. Resv.

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 (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)

OIL WELL

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 (pitot, 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.

Christine C. Tucker

OIL CONSERVATION COMMISSION

APPROVED SEP 7 1972, 19

Orig. Signed by Joe D. Ramey

BY

TITLE Dist. I, Supv.

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, it must be accompanied by a tabulation of the deviation tests taken on the well in accordance with Rule 111.