District (PO Box 1980, Hobbs, District II NO Drawer DD, Artes	9 (State of New Mexico Energy, Minerain & Natural Resources Department OIL CONSERVATION DIVISION				Form C-10- Revised February 10, 1994 Instructions on back Submit to Appropriate District Office				
District III 1000 Rie Brame Rd., District IV PO Box 2008, Santa I			OIL CONSERVATION DIVISION PO Box 2088 Santa Fe, NM 87504-2088					Submit to Appropriate District Offic 5 Copie		
I.			LLOWA	BLE A	ND AL	JTHOR	IZAT	ION TO TH		
Mobil Em		' Operator as	une and Addre				·		² OGRID Nu	
As Agent	oloration for Mobil	Produci	ing U.S. ng TX &	Inc., N.M. I	nc			15144		
12450 Gre	enspoint TX 77060-	Drive			,			'Remove for Filing Code CG		
* API Nu	liber	1991			Pool Nam	e			<u> </u>	/////
30 - 0 25-069		BLIN	EBRY OII						0666	
' Property -80240'	8025	нс	ORRIGAN	' P	roperty No					Weil Number
II. ¹⁰ Surf	ace Location								5	
Ul or iot no. Secti			Lot.lda	Feet from	n the	North/So	uth Line	Feet from the	East/West line	County
	3 215			198	0	SOU	Ψ <u>H</u>	2105	EAST	LEA
UL or iot no. Sect	om Hole Lo		Lot ida	Feet (ro		N				
		- Mange		Pest Iro	a une	North/Sc	uth line	Feet from the	East/West line	County
<u> </u>	roducing Method (Connection D:	alue ¹⁸ C	C-129 Perm	it Number	1	C-129 Effective (Date 17 (C-129 Expiration Date
III. Oil and C	Jas Transpo	rters '			14				······································	
OGRID		and Addre			¹⁴ PO	D	" O/G	2	POD ULSTR	
020445	SCURLOCK		CORP.,		19394		0			
New Color Color Color Color Color Color Color	1509 West Midland			ా. మమి						
024650	WARREN PI P.O. Box		CORP.,		02465	80	G			
	Midland,		2	20130. 20130.						
		<u> </u>		ii iii	no Sant de					
				14. (28) 2011						
V. Produced POD	Water									
1939450					" POD UL	STR Locati	on and D	escription		
V. Well Com	pletion Data	<u> </u>								
¹³ Speed Date		¹⁴ Rendy Da	ite		מד יי		· · · · · · · · · · · · · · · · · · ·	" PBTD		" Perforations
" Hole	Size	" C	asing & Tubin	ug Size		ן ע	Depth Set		³³ Sar	iks Cement
<u> </u>					-	<u> </u>				
/I. Well Test	Data									
¹⁴ Date New Oil	[™] Gas D	elivery Date	* Te	ni Date		" Test Les	gain	× Tbg. Pro		" Cag. Pressure
" Choke Sim		' O <u>E</u>		Valer		" Gas		" AOF		" Test Method
" I bereby certify that t with and that the inform knowledge and belief.	be rules of the Oil Lallon grven above r	Conservation Di is true and comp	vision have been lete to the best	a complied of my				ISERVATI	ON DIVIS	SION
Signature: Jah	ein K.	Swann	<u></u>		Approved	^{by:} Orig.	Signe	l by		
	Swanner	anner			Title: Faul Martz Geologist					
Regulatory Tech/Asst				APProval Date: MAR 07 1995						
Jate-		Phone: /-	77 71 775	-2081						
Dete: 2/28/95										
2/28/95			ber and name		ous eperati	ж Ж				

 (\uparrow)

New		Conservation	Division
	C-104	instructions	

IF THIS IS AN AMENDED REPORT. CHECK THE BOX LABLED "AMENDED REPORT" AT THE TOP OF THIS DOCUMENT			2 2 .	The ULSTR location of this POD if it is different fre well completion location and a short description of th (Example: "Battery A", "Jones CPD", etc.)		
Report : Report :	nii gas voi nii oli voiu	umes at 15.025 PSIA at 60°. mes to the nearest whole barrel.	23.			
A reque accomp	at for allo anied by	weble for a newly drilled or deepened well must be a tabulation of the deviation tests conducted in	23.	The POD number of the storage from which water is from this property, if this is a new well or recomplet this POD has no number the district office will as number and write it here.		
accordance with Rule 111. All sections of this form must be filled out for allowable requests on new and recompleted wells.			24.	The ULSTR location of this POD if it is different fre well completion location and a short description of th (Example: "Battery A Weter Tank", "Jones CPD Tank",etc.)		
change	s of opera	ons I, II, III, IV, and the operator cartifications for tor, property name, well number, transporter, or	25.	MO/DA/YR drilling commenced		
other such changes.		26.	MO/DA/YR this completion was ready to produce			
A separate C-104 must be filed for each pool in a multiple completion.			27.	Total vertical depth of the well		
Improperly filled out or incomplete forms may be returned to operators unapproved.		28.	Plugback vertical depth			
1.	_	w's name and address	2 9 .	Top and bottom perforation in this completion or shoe and TD if openhole		
2.	Cperate be anni	r's OGRID number. If you do not have one it will ned and filled in by the District office,	30.	inside diameter of the well bore		
3.	-	for filing code from the following table:	31.	Outside diameter of the casing and tubing		
	NW RC CH	New Well Recompletion Change of Operator	32.	Depth of casing and tubing. If a casing liner show to bottom.		
	AO CO	Add oil/condensate transporter	33.	Number of sacks of coment used per casing string		
	AG CG RT	Change cil/condensata transporter Add gas transporter Change gas transporter	The fo	bliowing test data is for an oil well it must be from cted only after the total volume of load oil is recovered		
		Request for test allowable (Include volume requested)	34.	MO/DA/YR that new oil was first produced		
		ly other reason write that reason in this box.	35.	MO/DA/YR that gas was first produced into a pipeli		
4.	The AP	I number of this well	36.	MO/DA/YR that the following test was completed		
5.	The nar	ne of the pool for this completion	37.	Length in hours of the test		
6.	The po	ol cade for this pool	38.	Flowing tubing pressure - ail wells:		
7.	The pro	perty code for this completion		Shut-in tubing pressure - gas wells		
8. 9.		perty name (well name) for this completion Il number for this completion	39.	Flowing casing pressure - oil welle Shut-in casing pressure - gas welle.		
10.	·		40.	Diameter of the choke used in the test		
	United (location use that number in the 'UL or lot no.' box.	41.	Barrels of oil produced during the test		
	Otherw	ise use the OCD unit letter.	42.	Barrels of water produced during the test		
11.	The bot	tom hole location of this completion	43.	MCF of gas produced during the test		
12.	Laasa c	ade from the following table:	44.	Gas well calculated absolute open flow in MCF/D		
	S P J N	Federal State Fee Jicarille Navejo	45.	The method used to test the well: F Flowing P Pumping		
	Ü	Ute Mountain Ute Other Indian Tribe		S Swabbing If other method please write it in.		
13.	The pro F P	ducing method code from the following table: Flowing Pumping or other artificial lift	46 .	The signature, printed name, and title of the p authorized to make this report, the date this repor- signed, and the telephone number to call for que about this report		
14.	MO/DA/YR that this completion was first connected to a gas transporter The permit number from the District approved C-129 for this completion		47.	The previous operator's name, the signature, printed r and title of the previous operator's represen authorized to verify that the previous operator no i operates this completion, and the date this report signed by that person		
15.						
1 6 .	MO/DA	/YR of the C-129 approval for this completion				
17.	MO/DA complet	MR of the expiration of C-129 approval for this tion				

18. The gas or oil transporter's OGRID number

•

- 19. Name and address of the transporter of the product
- 20. The number assigned to the POD from which this product will be transported by this transporter. If this is a new well or recompletion and this POD has no number the district office will assign a number and write it here.
- 21. Product code from the following table: O Oil G Gas