

DECLARATION TO TRANSFER OF OWNERSHIP OF OIL AND NATURAL GAS

TRANSFERRED BY	DATE
OPERATOR	DATE
PRODUCTION OFFICE	DATE

I. GENERAL INFORMATION

Operator: Mobile Oil Corporation

Address: Box 633, Midland, Texas 79701

Reason(s) for filing (Check proper box):

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

Precompletion ☐ 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: <u>Compass Gas Lease</u>	Acres: <u>77</u>	Section, Township, Range: <u>Sub-Gas</u>	Kind of Lease: <u>State, Federal or Free</u>	Lease No.:
Location: <u>P</u>	<u>760</u>	Feet from The <u>South</u>	Line and <u>660</u>	Feet from The <u>East</u>
Line of Section: <u>33</u>	Township: <u>21 S</u>	Range: <u>37 E</u>	NMPM: <u>Lea</u>	County:

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒	Address (Give address to which approved copy of this form is to be sent)
<u>Superior New Mexico Pipe Line Co.</u>	<u>Box 1510, Midland, Texas 79701</u>
Name of Authorized Transporter of Gas ☐ or Dry Gas ☒	Address (Give address to which approved copy of this form is to be sent)
<u>Midland Natural Gas Co.</u>	<u>Box 2370, Midland, Tex. 79701</u>
If well produces oil or liquids, give location of tanks:	Unit: <u>0</u> Sec.: <u>33</u> Twp.: <u>21 S</u> Rge.: <u>37 E</u>
	is gas actually connected? <u>Yes</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 as last
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.				
Elevations (D.F., R.K.B., K.T., G.R., 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 oil 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
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 (flow, 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

Production Clerk

9-5-72

OIL CONSERVATION COMMISSION

SEP 7 1972

APPROVED _____, 19__

BY: Joe D. Ramsey

TITLE: Dist. I, Supr.

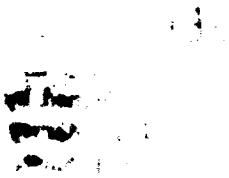
This form is to be filed in compliance with O.C.C. 11-2.

If the producer is not a well owner, the well owner must file this form with the O.C.C. and the producer must file a copy with the O.C.C. within 10 days of the date of the test.

All tests must be conducted in accordance with the rules and regulations of the O.C.C.

Failure to comply with these rules and regulations may result in the well being shut in.

For more information, contact the O.C.C. at 1111 North 10th Street, Midland, Texas 79701.



RECEIVED

SEP 6 1972

OIL CONSERVATION COMM.
HOBBS, N. M.