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Appropriate District Office
DISTRICT I O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Departmen.

d 1-1-89 Revis

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT II P.O. Drawer DD, Artesia, NM 88210 REQUEST FOR ALLOWABLE AND AUTHORIZATION DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410 TO TRANSPORT OIL AND NATURAL GAS NA 3D-025-07012 Operator MOBIL PRODUCING TEXAS & NEW MEXICO INC. 12450 GREENSPOINT DRIVE, HOUSTON, TX 77060 Other (Please explain) Reason(s) for Filing (Check proper box) Change in Transporter of: New Well Dry Gas Oil Recompletion Casinghead Gas Condensate Change in Operator If change of operator give name and address of previous operator II. DESCRIPTION OF WELL AND LEASE Kind of Lease State, Federal or Fee Well No. | Pool Name, Including Formation Lease Name **BLINEBRY OIL & GAS** FEE 2 MARSHALL COMM Location Feet From The NORTH Line and 1980 Feet From The WEST Line Unit Letter F LEA County Range 37E . NMPM. 215 Township Section III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) or Condensate Name of Authorized Transporter of Oil X1509 WEST WALL, MIDLAND, TX 79701 SCURLOCK PERMIAN CORP. Address (Give address to which approved copy of this form is to be sent) or Dry Gas X Name of Authorized Transporter of Casinghead Gas P.O. BOX 4666, HOUSTON, TX 77210-4666 e+ (EOTT ENERGY CORP. lamen When? Rge. Is gas actually connected? Twp. If well produces oil or liquids, give location of tanks. Unit 11/20/90 215 YES 34 37E D If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Plug Back Same Res'v Diff Res'v New Well Workover Deepen Oil Well Gas Well Designate Type of Completion - (X) Total Depth P.B.T.D. Date Compl. Ready to Prod. Date Spudded Top Oil/Gas Pay Tubing Depth Name of Producing Formation Elevations (DF, RKB, RT, GR, etc.) Depth Casing Shoe Perforations TUBING, CASING AND CEMENTING RECORD SACKS CEMENT CASING & TUBING SIZE HOLE SIZE 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 Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tank Date of Test Choke Size Casing Pressure **Tubing Pressure** Leagth of Test Gas- MCF Water - Bbls. Oil - Bbls. Actual Prod. During Test **GAS WELL** Gravity of Condensate Bbis. Condensate/MMCF Length of Test Actual Prod. Test - MCF/D Choke Size Casing Pressure (Shut-in) Tubing Pressure (Shut-in) Testing Method (pitot, back pr.) VI. OPERATOR CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above FEE : 1994 is true and complete to the best of my knowledge and belief. Date Approved _____ ORIGINAL SIGNED BY JERRY SEXTON atricia By_ DISTRICT I SUPERVISOR Signature Patricia B. Swanner Reg.Tech/Asst.III

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

Printed Name 01/12/94

Date

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance

Title ____

2) All sections of this form must be filled out for allowable on new and recompleted wells. with Rule 111.

Title

(713) 775-2081 Telephone No.

- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.