

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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| TRANSPORTER | OIL |
| OPERATOR | GAS |
| PRODUCTION OFFICE | |

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

Form C-104
Revised 10-01-78
Format 08-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

| | | |
|--|--|--|
| Operator Mobil Producing TX & NM Inc. | | |
| Address 9 Greenway Plaza, Suite 2700, Houston, TX 77046 | | |
| Reason(s) for filing (Check proper box) | | Other (Please explain) |
| <input type="checkbox"/> New Well | Change in Transporter of: | Change Operator Name from The Superior Oil Company APR 1 1986 |
| <input type="checkbox"/> Recompletion | <input type="checkbox"/> Oil | |
| <input checked="" type="checkbox"/> Change in Ownership | <input type="checkbox"/> Casinhead Gas | |

If change of ownership give name and address of previous owner The Superior Oil Company, 9 Greenway Plaza, Ste 2700, Houston, TX 77046

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|---|---------------|--|--|----------------------|
| Lease Name San Simon State Com | Well No. 1 | Pool Name, including Formation Legg-Bone Spring | Kind of Lease State, Federal or Fee State | Lease No. NM-1248 |
| Location Unit Letter G : 1980 Feet From The North Line and 1980 Feet From The East Line of Section 6 Township 22S Range 33E, NMPM, Lea County | | | | |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | |
|---|--|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Koch Oil Company of Texas | Address (Give address to which approved copy of this form is to be sent) Box 1558, Breckenridge, TX 76024 |
| Name of Authorized Transporter of Casinhead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> NONE | Address (Give address to which approved copy of this form is to be sent) |
| If well produces oil or liquids, give location of tanks. | Is gas actually connected? When |
| Unit G Sec. 6 Twp. 22S Rge. 33E | No |

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

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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 is true and complete to the best of my knowledge and belief.

[Signature]
(Signature)
Authorized Agent
(Title)
MAR 14 1986
(Date)

OIL CONSERVATION DIVISION
MAR 20 1986
APPROVED _____, 19____
BY ORIGINAL SIGNED BY ITEDY SEXTON
DISTRICT I SUPERVISOR
TITLE _____

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 completed wells.

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, CR, 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/MMCF | Gravity of Condensate |
| Testing Method (psut, back pr.) | Tubing Pressure (Shut-In) | Casing Pressure (Shut-In) | Choke Size |

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