ENERGY AND MINERALS DEPARTMENT	Form C-164 Revised 10-01-78 Format 05-01-83
DISTRIBUTION OIL CONSERVAT DANTA PE P. O. BOX FILE SANTA FE, NEW	2088
U.S.G.G. LAND OFFICE TRANSPORTER OFENATION PROBATION OFFICE I I I I I I I I I I I I I	ALLOWABLE
Mobil Producing TX & NM Inc. 9 Greenway Plaza, Suite 2700, Houston, TX	77046
	Cen Change Operator Name from The Superior Oil Company APR 11986
If change of ownership give norme The Superior Oil Company, and address of previous owner	
II. DESCRIPTION OF WELL AND LEASE Lease Name Well Ne. Connally Federal 1 E. Red Tank Mo	
Lecetion J 1980 Feet From The South Line	end 1980 Free Free The East
Line of Section 15 Township 225 Range	32E , NMPM, Lea County
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL Name of Authorized Transporter of OIL or Condensate II Koch Oil Company of Texas	GAS Assess (Give address to which approved copy of this form is to be sent) Box 1558, Breckenridge, TX 76024 Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casingheed Cas er Dry Gas A Transwestern Pipe Line Co.	Box 2521, Houston, TX 77001
If well produces eil or liquide. give location of tanks. Ubit Sec. Twp. Rec.	Yes 3/14/83
If this production is commingled with that from any other lease or pool, a 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	OIL CONSERVATION DIVISION
been complied with and that the information given is due and complete to an and many knowledge and belief.	DISTRICT I SUPERVISOR
(Signature) Authorized Agent (This)	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 allow able on new and recompleted wells. Fill out only Sections 1. II. III, and VI for changes of owner.
(Dese)	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.

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IV. COMPLETION DATA

Designate Type of Completion	on - (X)	Oil Well	Gas Well I I	New Well	i Workover I I	Deepen t	Plug Back	Same Res'v.	Diff. Res'v.
Data Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.				
Eleveticus (DF, RKB, RT, GR, esc.) Name of Producing Formation To			Top Oll/G	Top Oll/Gas Pay			Tubing Depth		
Perforations	<u> </u>			_ <u></u>	<u></u>		Depth Cast	ng Shoe	
		TUBING,	CASING, AN	D CEMENTI	NG RECOR	D			
HOLE SIZE CASING & TUBING SIZE			DEPTH SE	T	SACKS CEMENT		17		
	1								
	1			1					

Date First New Oil Run To Tanks	Date of Tees	Producing Method (Flow, pump, gas lift, etc.)		
Length of Test	Tubing Pressure	Casing Pressure	Chaze Size	
Actual Prod. During Teet	Oil - Bhis.	Water - Bbis.	Gas-MCF	

GAS WELL

Actual Prod. Test-MCF/D	Longth of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Tosting Mothod (publ, back pr.)	Tubing Pressure (Shut-1.8)	Casing Pressure (Shut-1.8)	Choke Size

MAR & 1985