|                  | 1      |
|------------------|--------|
| DISTRIBUTION     |        |
| SANTA FE         |        |
| FILE             |        |
| U.S.G.S.         |        |
| LAND OFFICE      |        |
| IRANSPORTER OIL  |        |
| GAS              |        |
| OPERATOR         |        |
| PRORATION OFFICE |        |
| Operator         |        |
| Mobil Product    | ina TY |

| DISTRIBUTION  SANTA FE  FILE  U.S.G.S.                                                                         | REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS |                                                                                                                                                                                                                                                                  | Form C-104 Supersedes Old C-104 and C-1 Effective 1-1-65 |
|----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| I PROPATION OFFICE                                                                                             |                                                                          |                                                                                                                                                                                                                                                                  |                                                          |
| Mobil Producing TX                                                                                             | . & N.M. Inc.                                                            |                                                                                                                                                                                                                                                                  |                                                          |
| Address                                                                                                        | a, Suite 2700, Houston,                                                  | Texas 77046                                                                                                                                                                                                                                                      |                                                          |
| Reason(s) for filing (Check proper bo                                                                          | x) Change in Transporter of:                                             | Other (Please explain)                                                                                                                                                                                                                                           |                                                          |
| Recompletion Change in Ownership                                                                               | Oii Dry G<br>Casinghead Gas Conde                                        |                                                                                                                                                                                                                                                                  |                                                          |
| If change of ownership give name and address of previous owner                                                 |                                                                          |                                                                                                                                                                                                                                                                  |                                                          |
| Lesse Name                                                                                                     | LEASE   Weil No.   Pool Name, Including F                                | ormation Kind of Lea                                                                                                                                                                                                                                             | Lease No.                                                |
| Cordelia Hardy                                                                                                 | 7 Paddock                                                                | State, Feder                                                                                                                                                                                                                                                     | i -                                                      |
| Unit Letter F : 18                                                                                             | 880 Feet From The N Lin                                                  | ne and 1880 Feet From                                                                                                                                                                                                                                            | The W                                                    |
| Line of Section 29 To                                                                                          | ownship 21S Range                                                        | 37E , NMPM,                                                                                                                                                                                                                                                      | Lea County                                               |
| . DESIGNATION OF TRANSPOR                                                                                      | TER OF OIL AND NATURAL GA                                                |                                                                                                                                                                                                                                                                  |                                                          |
| Name of Authorized Transporter of Or<br>Shell Oil Company                                                      | or Condensate                                                            | P. O. Box 4576, Hous                                                                                                                                                                                                                                             | ** * * * *                                               |
| Name of Authorized Transporter of Co                                                                           | tsinghead Gas 🗶 or Dry Gas 🗔                                             | Address (Give address to which approved copy of this form is to be sent)                                                                                                                                                                                         |                                                          |
| If well produces oil or liquids,                                                                               | Unit Sec. Twp. Rge.                                                      | P. O. Box 966, Lovington, NM 88260 Is gas actually connected? When Yes                                                                                                                                                                                           |                                                          |
| If this production is commingled w                                                                             | ith that from any other lease or pool,                                   |                                                                                                                                                                                                                                                                  |                                                          |
| Designate Type of Completi                                                                                     | on - (X) Cil 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.<br>5410                                         |
| 10-15-84 Elevations (DF, RKB, RT, GR, etc.,                                                                    | 12-5-84 Name of Producing Formation                                      | 5450<br>Top O11/Gas Pay                                                                                                                                                                                                                                          | Tubing Depth                                             |
| 3470 GR Perforations                                                                                           | Paddock                                                                  | <u> </u>                                                                                                                                                                                                                                                         | 5361 Depth Casing Shoe                                   |
| 5139-5239                                                                                                      | TUBING, CASING, AN                                                       | CEMENTING RECORD                                                                                                                                                                                                                                                 | 8450                                                     |
| HOLE SIZE                                                                                                      | CASING & TUBING SIZE                                                     | DEPTH SET                                                                                                                                                                                                                                                        | SACKS CEMENT                                             |
| 12-1/4                                                                                                         | 8-5/8                                                                    | 1250<br>8450                                                                                                                                                                                                                                                     | 600x<br>1550x                                            |
| 7-7/8                                                                                                          | 5-1/2<br>2-3/8                                                           | 5361                                                                                                                                                                                                                                                             | 7550                                                     |
|                                                                                                                | OR ALLOWABLE (Test must be a                                             | fter recovery of total valume of load oil                                                                                                                                                                                                                        | and must be equal to or exceed top allow                 |
| OIL WELL  Date First New Oil Run To Tanks  11-30-84                                                            | Date of Test<br>12-13-84                                                 | Producing Method (Flow, pump, gas I Pump                                                                                                                                                                                                                         | ift, etc.)                                               |
| Length of Teet<br>24 hrs.                                                                                      | Tubing Pressure                                                          | Casing Pressure                                                                                                                                                                                                                                                  | Choke Size                                               |
| Actual Prod. During Test                                                                                       | Oil - Bbis.                                                              | Water - Bbis.                                                                                                                                                                                                                                                    | Gas-MCF                                                  |
| 284                                                                                                            | 57                                                                       | 77                                                                                                                                                                                                                                                               | 66                                                       |
| GAS WELL Actual Prod. Test-MCF/D                                                                               | Length of Test                                                           | Bbis. Condenscte/MMCF                                                                                                                                                                                                                                            | Gravity of Condensate                                    |
| Testing Method (pirot, back pr.)                                                                               | Tubing Pressure (Shnt-in)                                                | Cosing Pressure (Shut-in)                                                                                                                                                                                                                                        | Choke Size                                               |
| . CERTIFICATE OF COMPLIAN                                                                                      | CE                                                                       | 1                                                                                                                                                                                                                                                                | ATION COMMISSION                                         |
| Commission have been complied                                                                                  | regulations of the Oil Conservation with and that the information given  | BY CRIGINAL SCORED BY JERRY JEXTON                                                                                                                                                                                                                               |                                                          |
| above is true and complete to th                                                                               | e best of my knowledge and belief.                                       |                                                                                                                                                                                                                                                                  |                                                          |
| 41 -                                                                                                           | ام                                                                       | This form is to be filed in                                                                                                                                                                                                                                      | compliance with RULE 1104.                               |
| W.B. W.                                                                                                        |                                                                          | 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- |                                                          |
| Authorized Agent                                                                                               |                                                                          |                                                                                                                                                                                                                                                                  |                                                          |
|                                                                                                                | (Title)<br>12-18-84                                                      |                                                                                                                                                                                                                                                                  | ells.<br>To till and VI for changes of owner,            |
| (Date)  (Date)  Well name or number, or transporter, or other such Separate Forms C-104 must be filed for each |                                                                          | ter, or other such change of condition                                                                                                                                                                                                                           |                                                          |

RECEIVED

JAN 11 1985

HORSO SACE