

OIL CONSERVATION DIVISION

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REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Mobil Producing Texas & New Mexico, Inc.

Address Nine Greenway Plaza, Suite 2700, Houston, Texas 77046

Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well ☐	Change in Transporter oil ☐	Effective 1-1-85	
Recompletion ☐	Oil ☐ Dry Gas ☐		
Change in Ownership ☒	Casinghead Gas ☐ Condensate ☐		

If change of ownership give name and address of previous owner Superior Oil Company, The, P. O. Box 3901, Midland, Texas 79702

DESCRIPTION OF WELL AND LEASE

Lease Name State "R"	Well No. 1	Pool Name, including Formation Antelope Ridge (Bone Springs)	Kind of Lease State, Federal or Fee	Lease No. K-6028
Location				
Unit Letter N : 660 Feet From The South Line and 1980 Feet From The West				
Line of Section 25 Township 23S Range 34E, NMPM, Lea County				

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)
Navajo Crude Oil Purchasing	P. O. Drawer 175, Artesia, NM 88210
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)
None	
If well produces oil or liquids, give location of tanks.	Unit N Sec. 25 Twp. 23S Rge. 34E Is gas actually connected? NO When

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'
Date Spudded	Date Compl. Ready to Prod.	Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, 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

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/MCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (shot-in)	Casing Pressure (shot-in)	Choke Size

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

C. R. Sessions
(Signature)
Authorized Agent
(Title)
December 26, 1984
(Date)

OIL CONSERVATION DIVISION

APPROVED JAN - 2 1985, 19
BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT 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 geologic 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 IV for changes of lease well name or number, or transporter, or oil or such change of conditions.
Separate Form 1004 must be filed for each pool to qualify recompleted wells.

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