## ENERGY AND MINERALS DEPARTMENT

| DISTRIBUTE  |     |  |  |
|-------------|-----|--|--|
| SANTA PE    |     |  |  |
| FILE        |     |  |  |
| V.8.0.4.    |     |  |  |
| LAND OFFICE |     |  |  |
| TRAMSPORTER | Ö   |  |  |
| INAMEPONIEN | GAS |  |  |
| OPERATOR    |     |  |  |
|             |     |  |  |

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

Form C-104 Revised 10-01-78 Format 06-01-83 Page 1

## REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

| Change of ownership give name The Superior 0il Company, 9 Greenway Plaza, Suite 2700, Houston, TX 77046.   If change of ownership give name The Superior 0il Company, 9 Greenway Plaza, Suite 2700, Houston, TX 77046.   If DESCRIPTION OF WEIL AND LEASE   Lease Name Triste Draw Federal   Diamondtail - Wolfcamp   Stote, Federal or Fee Federal   NM-11967   | PAGRATION OFFICE AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS                       |               |                |                                 |   |                  | •                                      |               |  |
|--|---|---------------|----------------|---------------------------------|---|------------------|--|---------------|--|
| Mobil Producing Texas & New Mexico Inc.    Address   Nine Greenway Plaza, Suite 2700, Houston, Texas 77046     Research   Inc.   Condenses   Condenses | I   |               |                |                                 |   |                  |  |               |  |
| Nine Greenway Plaza, Suite 2700, Houston, Texas 77046  Research for filing (Check proper box) New Well Recompletion Contembre The Superior Oil Company APR 1986  Change Operator Name from The Superior Oil Company APR 1986  In DESCRIPTION OF WELL AND LEASE  Triste Draw Federal 1 Diamondtail - Wolfcamp Store, Federal or Fee Federal NM-11967  Location Unit Letter J : 1980 Feet From The South Line and 1980 Feet From The East  Line of Section 14 Township 23S Range 32E NMMM Lea Committed Contembre  | Mobil Producing Texas &   | New Mexi      | co Inc.        |                                 |   |                  |  |               |  |
| New Well   Change in Ornership   Contemporary of the Superior Oil Company   APR 1 1986     Recompletion   Conference   C   | Nine Greenway Plaza, Su   | ite 2700,     | Houston,       | Texas 77                        | 046   |                  | ······································ |               |  |
| Recompletion Company APR 1 1986  If change in Company is an enter the Superior Oil Company APR 1 1986  If change in Company is an enter the Superior Oil Company is Superior Oil Company APR 1 1986  If change of company is an enter the Superior Oil Company is Superior Oil Company APR 1 1986  If change of company is an enter the Superior Oil Company is Superior Oil Company APR 1 1986  If change of company is an enter the Superior Oil Company is Superior Oil Company APR 1 1986  If change of company is an enter the Superior Oil Company is Superior Oil Company APR 1 1986  If change of company is an enter the Superior Oil Company APR 1 1986  If change of company is an enter the Superior Oil Company APR 1 1986  If change of company is an enter the Superior Oil Company APR 1 1986  If change of company is an enter the Superior Oil Company APR 1 1986  If change of company is an enter the Superior Oil Company APR 1 1986  If change of company is an enter the Superior Oil Company APR 1 1986  If change of company is an enter the Superior Oil Company APR 1 1986  If change of company is an enter the Superior Oil Company APR 1 1986  If change of company is an enter the Superior Oil Company APR 1 1986  If change of company is an enter the Superior Oil Company APR 1 1986  If change of company is an enter the Superior Oil Company APR 1 1986  If change of company is an enter the Superior Oil Company APR 1 1986  If change of company is an enter the Superior Oil Company APR 1 1986  If change of company is an enter the Superior Oil Company of the Superior Oil Company is an enter the Superior Oil Company of the Superior Oil Company is an enter the Superior Oil Company is an | Reason(s) for filing (Check proper box)   |               |                |                                 | Other (Please explain   | ,                |  |               |  |
| Condensore In Connership  Contensore  Condensore  Cond | New Well  |               | ransporter of: | <b>¬</b>                        |   |                  |  |               |  |
| If change of ownership give name. The Superior Oil Company, 9 Greenway Plaza, Suite 2700, Houston, TX 77046.  If change of ownership give name. The Superior Oil Company, 9 Greenway Plaza, Suite 2700, Houston, TX 77046.  If DESCRIPTION OF WELL AND LEASE  Lease Name. Triste Draw Federal 1 Diamondtail - Wolfcamp State, Federal of Fee Federal NM-11967.  Location  Until Letter J : 1980 Feet From The South Line and 1980 Feet From The East  Line of Section 14 Township 23S Range 32E NMPM, Lea County  III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorized Transporter of Oil Or Condensate Authorized Transporter of Cosumpteed Capy of this form is to be sent)  Hence of Authorized Transporter of Cosumpheed Cap Or Dry Gas Address (Give address to which approved copy of this form is to be sent)  Hence of Authorized Transporter of Cosumpheed Cap Or Dry Gas Address (Give address to which approved copy of this form is to be sent)  Hence of Authorized Transporter of Cosumpheed Cap Or Dry Gas Address (Give address to which approved copy of this form is to be sent)  Hence of Authorized Transporter of Cosumpheed Cap Or Dry Gas Address (Give address to which approved copy of this form is to be sent)  Hence of Authorized Transporter of Cosumpheed Cap Or Dry Gas Madress (Give address to which approved copy of this form is to be sent)  Hence of Authorized Transporter of Cosumpheed Cap Or Dry Gas Madress (Give address to which approved copy of this form is to be sent)  Hence of Authorized Transporter of Cosumpheed Cap Or Dry Gas Madress (Give address to which approved copy of this form is to be sent)  Hence of Authorized Transporter of Casumpheed Cap Or Dry Gas Madress (Give address to which approved copy of this form is to be sent)  Hence of Authorized Transporter of Casumpheed Cap Or Dry Gas Madress (Give address to which approved copy of this form is to be sent)  Hence of Authorized Transporter of Casumpheed Cap Or Dry Gas Madress (Give address to which approved copy of this form is to be sent)  Address (Give addre |   | <b>&gt;=</b>  |                | =                               | The Superior  | Oil Company      | APR                                    | 1 1986        |  |
| Indescription of Well And Lease   Well No.   Pool Name, Including Formation   Kind of Lease   Lease Name   Triste Draw Federal   1   Diamondtail - Wolfcamp   State, Federal or Fee   Federal   NM-11967   | Change in Ownership   | Costno        | head Ges       | Candensere                      | <u> </u>  |                  |  |               |  |
| II. DESCRIPTION OF WEIL AND IEASE  Lesse Name Triste Draw Federal 1 Diamondtail - Wolfcamp State, Federal or Fee Triste Draw Federal 1 Diamondtail - Wolfcamp State, Federal or Fee Triste Draw Federal 1 Diamondtail - Wolfcamp State, Federal or Fee Triste Draw Federal 1 Diamondtail - Wolfcamp State, Federal or Fee Triste Draw Federal 1 Diamondtail - Wolfcamp State, Federal or Fee Federal NM-11967  Location Unit Letter J : 1980 Feet From The South Line and 1980 Feet From The East Line of Section 14 Township 23S Range 32E NMPM, Lea County  Line of Section 14 Township 23S Range 32E NMPM, Lea County  III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorized Transporter of Coll or Ordenastie Or Dry Gas Address (Give address to which approved copy of this form is to be sent)  Hame of Authorized Transporter of Cosinghead Gas Or Dry Gas Address (Give address to which approved copy of this form is to be sent)  Home of Authorized Transporter of Cosinghead Gas Or Dry Gas Address (Give address to which approved copy of this form is to be sent)  Home of Authorized Transporter of Cosinghead Gas Or Dry Gas Address (Give address to which approved copy of this form is to be sent)  Home of Authorized Transporter of Cosinghead Gas Or Dry  | If change of ownership give name The  | Superior      | .Oil Compa     | ny, 9 Gre                       | enway Plaza, Su   | ite 2700. H      | ouston.                                | <u> 77046</u> |  |
| Lecesion  Location  Location  Location  Line of Section 14  Township 23S  Ronge 32E  Line of Section 14  Township 23S  Ronge 32E  Line of Section 14  Township 23S  Ronge 32E  Address (Give address to which approved copy of this form is to be sent)  Mell S. I.  Hame of Authorized Transporter of Casinghead Gas   or Dry Gas    If well produces oil or liquida, give location of tents.  If this production is commingled with that from any other lease or pool, give commingling order number:  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  In the production is commingled with and that the information given is true and complete to the best of my knowledge and belief.  OIL CONSERVATION DIVISION  APPROVED  MAR 2 0 1986  ORIGINAL SIGNED BY JERRY 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 despendent well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 1104.  All sections of this form must be filed for each pool in multiply well name or number, or transporter, or other such change of condition, well name or number, or transporter, or other such change of condition, well name or number, or transporter, or other such change of condition, well name or number, or transporter, or other such change of condition, well name or number, or transporter, or other such change of condition, well name or number, or transporter, or other such change of condition, well name or number, or transporter, or other such change of condition, well name or number, or transporter, or other such change of condition, well name or number, or transporter, or other such change of condition, well name or number, or transporter, or other such change of condition, well name or number, or transporter, or other such change of condition, well name |   | LEASE         |                |                                 |   |                  |  |               |  |
| Lecetion  Unit Letter  Unit Let | Lease Name  | Ment Mori L   |                |                                 | · · · · · · · · · · · · · · · · · · ·                               |                  |  |               |  |
| Unit Letter J : 1980 Feet From The South Line and 1980 Feet From The East  Line of Section 14 Township 23S Range 32E , NMPM.   | Triste Draw Federal   | 1             | Diamondtai     | 1 - Wolfe                       | amp State, I  | edetal of hee    | <u>ederal</u>                          | M-1196/       |  |
| Line of Section 14 Township 23S Range 32E , NMPM.  | Location  |               |                |                                 | 1000  | _                |  |               |  |
| III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS    Name of Authorized Transporter of Oil  | Unit Letter J: 1980   | Feet From     | The South      | Line and                        | 1980 Feet   | From The         | ast                                    |               |  |
| III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS    Name of Authorized Transporter of Oil  | 14  | 220           | Bene           | 32F                             | . NMPM.   | 1                | ea                                     | County        |  |
| Name of Authorized Transporter of Cili   | Line of Section 14 Towns  | nip 233       | ,,,,,,         |                                 |   |                  |  |               |  |
| If well produces oil or liquids, que location of tanks.  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.  Authorized Agent  (Signature)  Authorized Agent  (Date)  I this is a request for silowable for a newly drilled or deepened well, this form must be 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  | Well S.I.   |               |                |                                 |   |                  |  |               |  |
| 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.  Authorized Agent  (Title)  (Date)  OIL CONSERVATION DIVISION  MAR 2 0 1986  PAPROVED MAR 2 0 1986  ORIGINAL SIGNED BY JERRY SEXTON  DISTRICT I SUPERVISOR  This form is to be filled 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 1, III, and VI for changes of owner, well in men or number, or transporter, or other such change of condition.  Separate Forms C-104 must be filed for each pool in multiply  | If well produces oil or liquids.  | init Sec.     | Twp. Ro        | e. ls qus                       | ctually connected?  | When             |  | <u></u>       |  |
| NOTE: Complete Parts IV and V on reverse side if necessary.  VI. CERTIFICATE OF COMPILANCE  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.  APPROVED  MAR 2 0 1986  ORIGINAL SIGNED BY JERRY SEXTON  DISTRICT I SUPERVISOR  TITLE  This form is to be filled 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 1. 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 filled for each pool in multiply  | give location of tanks.   |               |                |                                 | <u> </u>  |                  |  |               |  |
| NOTE: Complete Parts IV and V on reverse side if necessary.  VI. CERTIFICATE OF COMPILANCE  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.  APPROVED  MAR 2 0 1986  ORIGINAL SIGNED BY JERRY SEXTON  DISTRICT I SUPERVISOR  TITLE  This form is to be filled 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 1. 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 filled for each pool in multiply  | If this production is commingled with   | that from any | other lease or | paol, give cor                  | mingling order number   |                  | · · · · · · · · · · · · · · · · · · ·  |               |  |
| 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.  APPROVED  MAR 2 0 1986  APPROVED  ORIGINAL SIGNED BY JERRY 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 condition.  Separate Forms C-104 must be filed for each pool in multiply   |   |               |                |                                 |   |                  |  |               |  |
| 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.  Authorized Agent  (Tule)  (Date)  MAR 2 0 1986  MAR 2 0 1986  MAR 2 0 1986  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   | OIL CONSERVATION DIV  |               |                |                                 | ISION   |                  |  |               |  |
| ORIGINAL SIGNED BY JERRY SEATON  DISTRICT I SUPERVISOR  TITLE  This form is to be filled in compliance with RULE 1104.  If this is a request for silowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation (signature)  Authorized Agent  (Title)  All sections of this form must be filled out completely for allowable on new and recompleted wells.  Fill out only Sections 1, 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 filled for each pool in multiply  | VI. CERTIFICATE OF COMPLIANCE   |               |                |                                 | M   | AD 2 A 198       | 6                                      |               |  |
| ORIGINAL SIGNED BY JERRY SEATON  DISTRICT I SUPERVISOR  TITLE  This form is to be filled in compliance with RULE 1104.  If this is a request for silowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation (Signature)  Authorized Agent  (Title)  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 filled for each pool in multiply  | I hereby certify that the rules and regulations of the Oil Conservation Division have |               |                | have APP                        |   |                  |  |               |  |
| TITLE  This form is to be filled 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 filled for each pool in multiply  | been complied with and that the information given is true and complete to the best of |               |                | ORIGINAL SIGNED BY JERRY SEXTON |   |                  |  |               |  |
| (Signature)  Authorized Agent  (Title)  All sections of this form must be filled out completely for allowed on new and recompleted wells.  Fill out only Sections I. II. III., and VI for changes of condition.  (Date)  If this is a request for allowable for a newly drilled or despended well, this form must be accompened 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 condition.  Separate Forms C-104 must be filled for each pool in multiply  | my knowledge zitt beliet.   |               |                |                                 | DIBIRICI  | 1 20hekaisok     |  |               |  |
| (Signature)  Authorized Agent  (Title)  All sections of this form must be filled out completely for allowed on new and recompleted wells.  Fill out only Sections I. II. III., and VI for changes of condition.  (Date)  If this is a request for allowable for a newly drilled or despended well, this form must be accompened 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 condition.  Separate Forms C-104 must be filled for each pool in multiply  |   | are see       |                | TITL                            | £   |                  |  |               |  |
| (Signature)  Authorized Agent  (Title)  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 filled for each pool in multiply   | 1 26/2000   | ريسيوا        | ui a           |                                 | This form is to be file   | ed in compliance | with RULE                              | 1104.         |  |
| (Title)  able 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   | (Signature) we  |               |                | well,                           | well this form must be accompanied by a tabulation of the deviation |                  |  |               |  |
| (Date)  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  |   |               |                |                                 |   | ely for allow-   |  |               |  |
| Separate Forms C-104 must be filed for each pool in multiply   | 2.14-36   |               |                | - 11 ,                          | Fitt out only Sections 1. II. III. and VI for changes of owner,     |                  |  |               |  |
|  | (Date)  |               |                |                                 | eparate Forms C-10  |                  |  |               |  |

| Designate Type of Comple           | tion - (X)                | Gas Well                              | New Well                                      | Workover                        | Deepen       | Plug Back      | Same Resty.    | Diff. Res'y    |  |
|------------------------------------|---------------------------|---------------------------------------|---|---------------------------------|--------------|----------------|----------------|----------------|--|
| Date Spudded                       | Date Compi. Ready to Prod | 1.                                    | Total Depth                                   |                                 | P.B.T.D.     |                |                |                |  |
| Elevetions (DF, RKB, RT, GR, etc., | Name of Producing Formati | ion                                   | Top Oll/Gas Pay                               |                                 |              | Tubing Depth   |                |                |  |
| Perforations                       |                           |                                       |   | Depth Casing Shoe               |              |                |                |                |  |
|                                    | TUBING, CA                | SING, AN                              | D CEMENTI                                     | NG RECORD                       | <del> </del> |                | <del></del>    | <del></del> -  |  |
| HOLE SIZE                          | CASING & TUBING SIZE      |                                       | OEPTH SET                                     |                                 | SACKS CEMENT |                |                |                |  |
|                                    |                           | · · · · · · · · · · · · · · · · · · · |   | <del></del>                     |              |                |                |                |  |
|                                    |                           |                                       | <del> </del>                                  |                                 | <del></del>  |                | <del></del>    | <del></del>    |  |
|                                    |                           |                                       |   |                                 |              | <del></del>    |                | ·····          |  |
| 7. TEST DATA AND REQUEST OIL WELL  | T FOR ALLOWABLE (Tea      | t must be a<br>for this de            | fter recovery o                               | of total volum<br>uli 24 hours) | of load oil  | and must be so | just to or exc | red top allow- |  |
| Date First New Oil Run To Tanks    | Date of Test              | ***                                   | Producing Method (Flow, pump, gas lift, etc.) |                                 |              |                |                |                |  |
| Length of Test                     | Tubing Pressure           |                                       | Casing Pressure Chaire Size                   |                                 |              |                |                |                |  |
| Actual Prod. During Test           | Oil - Bhia.               | <del> </del>                          | Water - Bbis. Gae - MCF                       |                                 |              |                |                |                |  |
| AS WELL                            |                           | <del></del>                           | 1   |                                 |              | <u> </u>       |                |                |  |
| Actual Prod. Test-MCF/D            | Length of Test            |                                       | Bbis. Conde                                   | negle/MMCF                      |              | Crevity of C   | ondenegte      |                |  |
| Testing Method (puot, back pr.)    | Tubing Pressure (Shat-La  | )                                     | Casing Press                                  | ime ( 2545-7                    | <b>-</b> )   | Choke Size     |                |                |  |



IV. COMPLETION DATA