

DISTRIBUTION	
SANITARY	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

W MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE

Form C-104
Supersedes OIL C-104 and C-110
Effective 1-1-65

AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator
Mobil Oil Corporation

Address
P. O. Box 633, Midland, Texas 79701

Reason(s) for filing (Check proper box) Other (please explain)
 New Well Change in Transporter of: Change of lease name due to unitization.
 Recompletion Oil Dry Gas
 Change in Ownership Casinghead Gas Condensate Formerly Bridges State Lease.

If change of ownership give name and address of previous owner _____

I. DESCRIPTION OF WELL AND LEASE

Lease Name North Vacuum Abo Unit	Well No. 124	Pool Name, including Formation North Vacuum-Abo	Kind of Lease State, Federal or Fee State	Lease No. B-1520
Location Unit Letter <u>P</u> <u>460</u> Feet From The <u>East</u> Line and <u>660</u> Feet From The <u>South</u>				
Line of Section <u>14</u> Township <u>17S</u> Range <u>34E</u> , NMPM, Lea County				

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Mobil Pipeline Co.	Address (Give address to which approved copy of this form is to be sent)	Box 900, Dallas, Tx Attn: Don Kennedy
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Phillips Pet. Co.	Address (Give address to which approved copy of this form is to be sent)	Rm. B-2 Phillips Bldg., Odessa, TX
If well produces oil or liquids, give location of tanks.	Unit <u>B</u> Sec. <u>14</u> Twp. <u>17</u> Rge. <u>34</u>	Is gas actually connected? <u>Yes</u>	When <u>12-1-72</u>

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

III. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Restv.	Diff. Restv.
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/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

A. D. Bond A. D. Bond
(Signature)
Proration Staff Assistant
(Title)
November 29, 1972
(Date)

OIL CONSERVATION COMMISSION

APPROVED DEC 4 1972, 19__

BY Joe D. Ramey Orig. Signed by
Dist. I, Supv.

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.