SANTA FE

NEW MEXICE OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

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

FILE		AND Ellective (-1-03	
U.S.G.S.	AUTHORIZATION TO TRA	INSPORT OIL AND NATURAL	. GAS
LAND OFFICE	+		
TRANSPORTER OIL			
GAS	+		
PROPATION OFFICE	+		
Operator			
Mobil 011 Corporat	ion		
Box 633, Midland,	TY 70701		
Reason(s) for filing (Check prop		Other (Please explain)	
New We!1	Change in Transporter of:		
Recompletion	Oil Dry Ga	s	
Change in Ownership	Casinghead Gas Conder	nsate	
f change of ownership give name address of previous owner	ame		
DESCRIPTION OF WELL	AND LEASE		
Lease Name	Well No. Pool Name, including r		i
Bridges State	172 Vacuum Abo, No	orth state, rea	eral or Fee State B-1520
Location	660 Feet From The South Lin	ne and 660 Feet Fro	East
Unit Letter P;	Feet From The South Lin	ne and Feet Fro	m the
Line of Section 3	Township 17-S Range	34-E , NMPM, Lea	County
DESIGNATION OF TRANS	PORTER OF OIL AND NATURAL GA	Asideons (Give address to which an	proved copy of this form is to be sent)
Name of Authorized Transporter		Box 900, Dallas, Tex	
Mobil Pipeline Comp Name of Authorized Transporter	of Casinghead Gas or Dry Gas	Address (Give address to which ap	proved copy of this form is to be sent)
Phillips Petroleum		Box 2105, Hobbs, NM	
	Unit Sec. Twp. P.ge.	Is gas actually connected?	When
If well produces oil or liquids, give location of tanks.	I 3 T-17-S R-34	-E Yes	4-15-72
I this production is comming	led with that from any other lease or pool,	give commingling order number:	PC - 332
COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Restv. Diff. Restv
Designate Type of Com		1 Y	
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
3-20-72	4-18-72	8800	
Elevations (DF, RKB, RT, GR,		Top Oil/Gas Pay	Tubing Depth
4057	Vacuum Abo, North	8643	8586
Perforations		0003	Depth Casing Shoe
8643, 44, 45, 46, 6	58, 70, 71, 73, 75, 77, 79, 10 mg/s	BOS D CEMENTING RECORD	0000
	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
HOLE SIZE	12 3/4 ^H	296	450 x
777	8 5/8"	3080	1400 x
7 7/8 ^x	5 1/2"	8800	2300 X
		<u>i</u>	
TEST DATA AND REQUE	ST FOR ALLOWABLE (Test must be a	after recovery of total volume of load epth or be for full 24 hours)	oil and must be equal to or exceed top allow
OIL WELL	able joi tilla a	Producing Method (Flow, pump, ga	s lift, etc.)
Date First New Oil Run To Tar 4-15-72	4-23-72	Pump	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs.			2" tubing
Actual Prod. During Test	Oil-Bbis.	Water - Bbls.	Gas-MCF
	273	0	249.8
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Actual Prod. 1981-MCF/D	Zongar or rose		
Testing Method (pitot, back pr.) Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
1 adding in the control of the contr			
CERTIFICATE OF COMP	LIANCE	OIL CONSER	VATION COMMISSION
CERTIFICATE OF COME		/ ADD	97 1979
I hereby certify that the rules and regulations of the Oil Conservation		APPROVED, 19	
Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		BY MANAGERICT I	
spoke is time and combiete	to me see of my michigan	II // SUPER'	ASOB DISTRICT
	· [TITLE	
1 1 MARTIA.		This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or despense.	
V W W Wast			
	(Signature)	I that taken on the Well ID &	CCOLGENCA MITTI MAPP
Authorized Agent (Title)		All sections of this form	n must be filled out completely for allowed wells.
4-24-72			I, II. III, and VI for changes of owner that or other such change of condition
,		il	POSTOR OF CINET SUCH CHANGE OF CONDITIO

(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 completed wells.

CALCAVED

OIL CONSERVATION COMM.
HOBBS, N. M.

(x,y) = (x,y) + (x,y

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