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TRANSPORTER	OIL
	GAS
OPERATOR	
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NEW MEXICO OIL CONSERVATION COMMISSION
**REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS**

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

I. OPERATOR
Operator: Mobil Producing Texas & New Mexico Inc.
Address: 9 Greenway Plaza, Suite 2700, Houston, TX 77046

Reason(s) for filing (Check proper box):
New Well Change in Transporter of:
Recompletion Oil Dry Gas
Change in Ownership Casinghead Gas Condensate

Other (Please explain):
To change Operator name from Mobil Oil Corporation.
(Effective Date: 1-1-1980)

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name North Vacuum Abo Unit	Well No. 98	Pool Name, Including Formation North Vacuum-Abo	Kind of Lease State, Federal or Fee	State	Lease No. B-1520
Location Unit Letter <u>J</u> ; <u>1980</u> Feet From The <u>South</u> Line and <u>1780</u> Feet From The <u>East</u>					
Line of Section <u>26</u> Township <u>17-S</u> Range <u>34-E</u> , NMPM, Lea County					

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Mobil Pipe Line Company	Address (Give address to which approved copy of this form is to be sent) Box 900 Dallas, TX 75221
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> Phillips Petroleum Company GPM Gas Corporation	Address (Give address to which approved copy of this form is to be sent) Box 2105 Hobbs, NM 88240
If well produces oil or liquids, give location of tanks. Unit <u>A</u> Sec. <u>26</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: _____

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil 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.		
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		

V. 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 (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

VI. 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.

Robbie Jay
(Signature)
Authorized Agent
(Title)
October 31, 1979
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19 _____
Orig. Signed by
BY Jerry Sexton
Dist 1, 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.
Separate Forms C-104 must be filed for each pool in multiply

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PRORATION OFFICE	

I. Operator
Mobil Producing Texas & New Mexico Inc.

Address
9 Greenway Plaza, Suite 2700, Houston, TX 77046

Reason(s) for filing (Check proper box)

New Well <input type="checkbox"/>	Change in Transporter of:	Other (Please explain)
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	To change Operator name from Mobil Oil Corporation.
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	(Effective Date: 1-1-1980)
	Dry Gas <input type="checkbox"/>	
	Condensate <input type="checkbox"/>	

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Bridges St. Battery #95	Well No. 98	Pool Name, Including Formation Vacuum Lower Penn	Kind of Lease State, Federal or Fee State	Lease No. B-1520
Location Unit Letter <u>J</u> ; <u>1980</u> Feet From The <u>South</u> Line and <u>1780</u> Feet From The <u>East</u>				
Line of Section <u>26</u> Township <u>17-S</u> Range <u>34-E</u> , NMPM, <u>Lea</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Mobil Pipe Line Co	Address (Give address to which approved copy of this form is to be sent) Box 900 Dallas, TX 75221
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petroleum Co	Address (Give address to which approved copy of this form is to be sent) Frank Phillips Bldg, Bartlesville, OK 74004
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
H	26 17-S 34-E Yes

If this production is commingled with that from any other lease or pool, give commingling order number: PLC-37

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil 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.			
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			

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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 (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

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Robbie Jay
(Signature)

Authorized Agent
(Title)

October 31, 1979
(Date)

OIL CONSERVATION COMMISSION

APPROVED DEC 5 1979, 19____
BY Orig. Signed by
Jerry Sexton
TITLE Dist. I. Supv.

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Lease Name Bridges State Battery #95	Well No. 98	Pool Name, including Formation Vacuum Wolfcamp	Kind of Lease State, Federal or Fee State	Lease No. B-1520
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If well produces oil or liquids, give location of tanks. Unit Sec. Twp. Rge. H 26 17-S 34-E	Is gas actually connected? When Yes

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Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

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