

**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

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

I. OPERATOR
Mobil Oil Corporation
 Address
Box 633, Midland, Texas 79701

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)

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Bridges State	Well No. 149	Pool Name, Including Formation Vacuum abo, North	Kind of Lease State, Federal or Fee State	Lease No. B-1520
Location Unit Letter J , 1980 Feet From The South Line and 1780 Feet From The East				
Line of Section 27 Township 17-S Range 34-E , NMPM, Lea County				

I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input 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, Texas			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petroleum Company	Address (Give address to which approved copy of this form is to be sent) Box 2105, Hobbs, New Mexico			
If well produces oil or liquids, give location of tanks.	Unit B	Sec. 26	Twp. 17-S	Rge. 34-E
	Is gas actually connected? Yes		When 2-24-71	

If this production is commingled with that from any other lease or pool, give commingling order number: **PC-100**

7. COMPLETION DATA

Designate Type of Completion -- (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 1-31-71	Date Compl. Ready to Prod. 2-24-71		Total Depth 8750		P.B.T.D. 8708			
Elevations (DF, RKB, RT, GR, etc.) 4040 GR	Name of Producing Formation Vacuum abo, North		Top Oil/Gas Pay 8628		Tubing Depth 8704			
Perforations 8628, 32, 46, 48, 53, 58, 61, 64 and 8673						Depth Casing Shoe		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4	8-5/8"	1630	1000 x
7-7/8	5-1/2"	8750	3100 x

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)

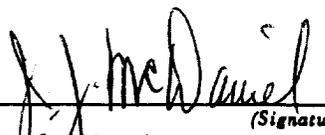
Date First New Oil Run To Tanks 2-24-71	Date of Test 3-4-71	Producing Method (Flow, pump, gas lift, etc.) 2" x 1-1/2 x 12'	
Length of Test 24 hrs.	Tubing Pressure --	Casing Pressure --	Choke Size 2" Tub.
Actual Prod. During Test 197	Oil - Bbls. 197	Water - Bbls. 6 B.A.W.	Gas - MCF 169.0

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

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.


 Authorized Agent
 3-8-71
 (Date)

OIL CONSERVATION COMMISSION
 MAR 10 1971

APPROVED _____, 19____
 BY 
 SUPERVISOR DISTRICT
 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 completed wells.

RECEIVED

MAR 10 1971

OIL CONSERVATION COMM.
HOUSTON, TEX.