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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

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-111  
Effective 1-1-65

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. 150	Pool Name, including Formation Vacuum Abo, North	Kind of Lease State, Federal or Fee State	Lease No. B-1520
Location Unit Letter <u>N</u> : <u>2,080</u> Feet From The <u>West</u> Line and <u>611</u> Feet From The <u>South</u> Line of Section <u>12</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 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 checked="" 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 A	Sec. 14	Twp. 17-S	Rge. 34-E	Is gas actually connected? Yes	When 2-3-71

If this production is commingled with that from any other lease or pool, give commingling order number: PC-362

IV. 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 1-10-71	Date Compl. Ready to Prod. 2-3-71	Total Depth 8,700	P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.) 4,022 GR	Name of Producing Formation Vacuum Abo, North	Top Oil/Gas Pay 8,531	Tubing Depth 8,476					
Perforations 8,531, 39, 41, 43, 45, 47, 49, 71, 73, 75, 77, 79, 81, 83, 85, 87, 89 & 8,593			Depth Casing Shoe -					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	8-5/8"		1,740		1000x			
7-7/8"	5-1/2"		8,700		3100x			

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 2-3-71	Date of Test 2-8-71	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 Hrs.	Tubing Pressure 40#	Casing Pressure -	Choke Size 28/64"
Actual Prod. During Test 95	Oil-Bbls. 95	Water-Bbls. 1-BAW	Gas-MCF 74.9

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

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.

Authorized Agent

2-9-71

(Title)

(Date)

OIL CONSERVATION COMMISSION

APPROVED

BY

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.