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DISTRIBUTION			1
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OFFICE			

	DISTRIBUTION SANTA FE FILE		CONSERVATION COMMONON FOR ALLOWABLE	Form C-104 Supersedes Old C-104 and C-116 Effective 1-1-65		
	U.S.G.S.	AUTHORIZATION TO TR	AND			
	LAND OFFICE	AUTHORIZATION TO TRA	ANSPORT OIL AND NATURAL (5A5		
	TRANSPORTER OIL]				
	GAS	4				
_	PRORATION OFFICE	4		•		
1.	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: Other (Please explain) To change Operator name from						
	Recompletion	Oil Dry G		tor name from Mobil Oil		
	Change in Ownership	Casinghead Gas Conde	<u>-</u>	Date: 1-1-1980)		
	If above of amounting size some					
	If change of ownership give name and address of previous owner					
11.	DESCRIPTION OF WELL AND	Well No. Pool Name, Including F	Formation Kind of Lease	Lease No.		
	North Vacuum Abo Unit	163 North Va	cuum-Abo State, Federa			
	Location					
	Unit Letter J : 198	BO Feet From The East Lin	ne and 1980 Feet From	rheSouth		
	1.5	17.6	• • -			
	Line of Section 15 Tox	waship 17-S Range	34-Е , ммрм,	Lea County		
111	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	45			
	1. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent)					
	Mobil Pipe Line Co.		Box 900 Dallas, TX	75221		
	Mobil Pipe Line Co. Name of Authorized Transporter of Casinghead GaskX or Dry Gas Phillips Petroleum Company Company Componentian EFFECTIVE: February 1,1992 Box 2105 Hobbs, NM 88240 In the Sec. Twp. Page. Is gas actually connected? When					
	Phillips Petroleum Com	npany GPM Gas Corporation	Box 2105 Hobbs, NM	88240		
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. B 174 17 34	Is gas actually connected? Whe			
		<u></u>		12-1-72		
IV.	If this production is commingled with COMPLETION DATA	th that from any other lease or pool,	give comminging order number:			
	Designate Type of Completic	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.		
				1 1		
	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		
				SACKS CEMENT		
	<u> </u>		<u> </u>			
V.	TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top able for this depth or be for full 24 hours)					
	t, etc.)					
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
	Actual Prod. During Test	Cil-Bbls.	Water - Bbls.	Gas - MCF		
	Actual Float Dailing 1991	0	110101	GGS - MG:		
1	****	1				
	GAS WELL					
	Actual Prod. Teet-MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate		
	Towns had falled back as I					
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
VI (CERTIFICATE OF COMPLIANCE	CE .	OU CONSERVA	TION COMMISSION		
¥1.	CERTIFICATE OF COMPLIANCE	U.E.	OIL CONSERVATION COMMISSION APPROVED DEC 5 1979 . 19			
	I hereby certify that the rules and r	egulations 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.		Orig. Signed by Jerry Sexton			
		Dist la Supva				
		TITLE SALE AS DUDY				
	Pull Oa Harring		This form is to be filed in compliance with RULE 1104.			
-	Italie	yay	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			
(Signature) (/ () Authorized Agent (Title)			tests taken on the well in accordance with RULE 111.			
			All sections of this form mus	All sections of this form must be filled out completely for allowable on new and recompleted wells.		
	October 31		Fill out only Sections I. II. III. and VI for changes of owner,			
•	(Da		well name or number, or transporter, or other such change of condition.			

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