

COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
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-110  
Effective 1-1-65

AUG 15 1 37 PM '67

I. Operator  
**Mobil Oil Corporation**  
Address  
**P. O. Box 633, Midland, Texas**  
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)  
**Please approve this request to temporarily commingle production from this well with Batt. #122.**

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE  
Lease Name **Bridges State** Well No. **123** **North Vacuum Lower Wolfcamp** Kind of Lease **State** Lease No. **B-1520**  
Location  
Unit Letter **0** ; **660** Feet From The **South** Line and **1980** Feet From The **East**  
Line of Section **34** Township **16-S** Range **34-E** , NMPM, **Lea** County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  
Name of Authorized Transporter of Oil ☒ or Condensate ☐  
**Mobil Pipe Line Company** Address (Give address to which approved copy of this form is to be sent)  
**P. O. Box 900, Dallas, Texas**  
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐  
**Phillips Petroleum Company** Address (Give address to which approved copy of this form is to be sent)  
**P. O. Box 2105, Hobbs, New Mexico.**  
If well produces oil or liquids, give location of tanks. Unit **I** Sec. **3** Twp. **17-S** Rge. **34-E** Is gas actually connected? **No** When **---**

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

IV. COMPLETION DATA  
Designate Type of Completion - (X)  
**X** Oil Well **X** Gas Well **X** New Well **X** Workover **X** Deepen **X** Plug Back **X** Same Res'v. **X** Diff. Res'v.  
Date Spudded **6-20-67** Date Compl. Ready to Prod. **8-10-67** Total Depth **10,851** P.B.T.D. **10,802**  
Elevations (DF, RKB, RT, GR, etc.) **4068.1 GR** Name of Producing Formation **Lower Wolfcamp** Top Oil/Gas Pay **10,685** Tubing Depth **10,645**  
Perforations **10,685, 686, 687, 688, 10,711, 712, 713, 714, 715, 716, 731, 732, 733, and 734 w/1 JSPF. Total 14 holes** Depth Casing Shoe **---**  
TUBING, CASING, AND CEMENTING RECORD  
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT  
**15"** **10-3/4" 32.75#** **440** **315 Incor Neat w/2% CaCl**  
**9-7/8"** **7-5/8"** **5038** **2035 Incor Neat**  
**6-3/4"** **5-1/2" Liner** **5991** **800 sks TIW + 100 I.N.**

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 **8-9-67** Date of Test **8-11-67** Producing Method (Flow, pump, gas lift, etc.) **Flowing**  
Length of Test **24 Hrs.** Tubing Pressure **700#** Casing Pressure **---** Choke Size **2 1/2"**  
Actual Prod. During Test Oil-Bbls. **528** Water-Bbls. **None** Gas-MCF **792**

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.  
**John J. Duro** (Signature)  
**Authorized Agent** (Title)  
**August 14, 1967** (Date)  
OIL CONSERVATION COMMISSION  
APPROVED **---**, 19 **---**  
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.

# Inclination Report

OFFICE C. C. C.

Operator: Mobil Oil Corporation, P. O. Box 633, Midland, Texas 79701  
 Lease Name & No.: Bridges - State Well No. 123  
 Location: Unit Letter O, 660 feet from the South line and 1980 feet from the East line, Section 34, Township 16-S, Range 34-E, Lea County, New Mexico.

<u>Depth (Feet)</u>	<u>Inclination (Degrees)</u>
150	3/4°
440	1°
950	1/2°
1530	1°
2000	1/2°
2490	1°
2820	3/4°
3300	1 1/4°
3682	1°
4130	1°
4490	1 1/4°
4700	1 1/4°
4810	1/2°
5038	1 1/4°
5180	1/2°
5408	3/4°
5585	1 1/4°
5830	1/2°
6333	1 1/4°
6470	1°
6630	1°
6840	1/2°
7070	3/4°
7175	1°
7340	3/4°
7650	1°
7921	1°
8240	1°
8590	1 1/2°
8822	1°
9140	1°
9485	1°
9680	1 1/2°
10116	1 3/4°
10740	1°
10850	1 1/4°

Inclination Report

-2-

NOTARY PUBLIC O. C. C.  
AUG 15 1 53 PM '67

I hereby certify that I have personal knowledge of the data shown above and that such information given is true and correct.

Executed this the 14<sup>th</sup> day of AUGUST, 1967.

John J. Hurt  
John J. Hurt, Authorized Agent

Subscribed and sworn to before me this 14<sup>th</sup> day of August, 1967,  
Notary Public in and for Midland County, State of Texas.

Dolores Irion  
Dolores Irion, Notary Public in and for  
Midland County, Texas

My Commission expires June 1, 1969.