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| 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 1-1-55

I.

|   |                                     |                           |                          |
|---|-------------------------------------|---------------------------|--------------------------|
| Operator                                |                                     |                           |                          |
| Mobil Oil Corporation                   |                                     |                           |                          |
| Address                                 |                                     |                           |                          |
| Box 633, Midland, Texas                 |                                     |                           |                          |
| Reason(s) for filing (Check proper box) |                                     | Other (Please explain)    |                          |
| New Well                                | <input checked="" type="checkbox"/> | Change in Transporter of: |                          |
| Recompletion                            | <input type="checkbox"/>            | Oil                       | <input type="checkbox"/> |
| Change in Ownership                     | <input type="checkbox"/>            | Casinghead Gas            | <input type="checkbox"/> |
|   |                                     | 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      | Well No. | Pool Name, including Formation | Kind of Lease         | Lease No.         |
| Bridges State   | 107      | Vacuum Grayburg San Andres     | State, Federal or Fee | B-1520            |
| Location        |          |                                |                       |                   |
| Unit Letter     | E        | 1930 Feet From The             | North Line and        | 660 Feet From The |
| Line of Section |          | 13                             | Township              | 17-S              |
| Range           |          | 34-E                           | 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"/> | Address (Give address to which approved copy of this form is to be sent) |
| Mobil Pipe Line Company                                  |                                     |                     |                          | P. O. Box 900, Dallas, Texas   |
| Name of Authorized Transporter of Casinghead Gas         | <input checked="" type="checkbox"/> | or Dry Gas          | <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) |
| Phillips Petroleum Company                               |                                     | GPM Gas Corporation |                          | P. O. Box 6666, Odessa, Texas  |
| If well produces oil or liquids, give location of tanks. | Unit                                | Sec.                | Twp.                     | Rce.   |
|  | B                                   | 13                  | 17-S                     | 34-E   |
| Is gas actually connected?                               | Yes                                 | When                | 4-1-67                   |  |

If this production is commingled with that from any other lease or pool, give commingling order number: No

IV. COMPLETION DATA

|                                    |                                     |                          |                                     |                          |                          |                          |                          |                          |
|------------------------------------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Designate Type of Completion - (X) | Oil Well                            | Gas Well                 | New Well                            | Workover                 | Deepen                   | Plug Back                | Same Res'ty.             | Diff. Res'ty.            |
|                                    | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Date Spudded                       | Date Compl. Ready to Prod.          |                          | Total Depth                         |                          | P.B.T.D.                 |                          |                          |                          |
| 3-11-67                            | 4-1-67                              |                          | 4750                                |                          | 4692                     |                          |                          |                          |
| Elevations (DF, RKB, RT, GR, etc.) | Name of Producing Formation         |                          | Top Oil/Gas Pay                     |                          | Tubing Depth             |                          |                          |                          |
| 4033 DF                            | San Andres                          |                          | 4609                                |                          | 4691                     |                          |                          |                          |
| Perforations                       | Depth Casing Shoe                   |                          |                                     |                          |                          |                          |                          |                          |
| 4609, 10, 18, 21, 27, 32 and 4633  |                                     |                          |                                     |                          |                          |                          |                          |                          |

TUBING, CASING, AND CEMENTING RECORD

|           |                       |           |                               |
|-----------|-----------------------|-----------|-------------------------------|
| HOLE SIZE | CASING & TUBING SIZE  | DEPTH SET | SACKS CEMENT                  |
| 12-1/4"   | 8-5/8" OD 24 #J-55    | 1615'     | 600 sx reg. neat w/6% Cel.    |
|           |                       |           | + 100 sx reg. neat + 2% caci. |
| 7-7/8"    | 5-1/2" OD 15.50 #814# | 4750'     | 1139 sx tilw. + 200 sx in-    |
|           |                       |           | cor neat w/2% caci.           |

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of lead 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.) |            |
| 4-1-67                          | 4-1-67          | Pump  |            |
| Length of Test                  | Tubing Pressure | Casing Pressure                               | Choke Size |
| 24 Hrs.                         | 20              | -----   | -----      |
| Actual Prod. During Test        | Oil-Bbls.       | Water-Bbls.                                   | Gas-MCF    |
| 8 Bbls.                         | 8 Bbls.         | 32 Bbls.                                      | 12.8       |

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. Hunt  
Authorized Agent  
April 4, 1967

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.