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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-110
Effective 1-1-65

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)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

UNDESIGNATED

Lease Name Bridges State	Well No. 120	Pool Name, including Formation Vacuum Upper Penn.	Kind of Lease State, Federal or Fee State	Lease No. 8-1520
Location Unit Letter N ; 660 Feet From The South Line and 1780 Feet From The West 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"/> 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 <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) P. O. 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? No	When

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res't. <input type="checkbox"/>	Diff. Res't. <input type="checkbox"/>
Date Spudded 5-2-67	Date Compl. Ready to Prod. 6-25-67		Total Depth 10,400		P.B.T.D. 10,210			
Elevations (DF, RKB, RT, GR, etc.) 4018 GR	Name of Producing Formation Upper Penn.		Top Oil/Gas Pay 10,074		Tubing Depth 10,200			
Perforations 10,107, 109,111, 113,120, 121,125, 136, 138, 140, 146, and 10,148					Depth Casing Shoe 10,200			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2"	13-3/8" 48# E-40		355		400 sx. Incor Neat			
12-1/4"	9-5/8" 40# J-55		4,995		1800 sx. 6 1/2+100 sx Neat			
8-3/4"	7" liner 23# S95 & N80		10,390		1060 sx. Incor Neat. Top			
	2-3/8		10,080		Liner sq. w/100 sx Incor Neat			

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 6-25-67	Date of Test Comp. 6-26-67	Producing Method (Flow, pump, gas lift, etc.) Flowed	
Length of Test 24 hrs.	Tubing Pressure 875 #	Casing Pressure	Choke Size 16/64"
Actual Prod. During Test	Oil-Bbls. 456	Water-Bbls. 0	Gas-MCF 684

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.

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.

John J. Hurd
(Signature)

Authorized Agent

(Title)

July 6, 1967

(Date)