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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 Box 633, Midland, Texas 79701	
Reason(s) for filing (Check proper box)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
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. 121	Pool Name, Including Formation Vacuum North Abo	Kind of Lease State, Federal or Fee	Lease No. B-1520
Location				
Unit Letter L	1830	Feet From The South Line and 760	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"/>	Address (Give address to which approved copy of this form is to be sent)			
Mobil Oil Corporation	P. O. Box 900, Dallas, Texas			
Name of Authorized Transporter of Casinghead Gas <input 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	P. O. Box 2105, Hobbs, New Mexico			
If well produces oil or liquids, give location of tanks.	Unit B	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:

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 7-4-67	Date Compl. Ready to Prod. 8-29-67	Total Depth 10550	P.B.T.D. 10502					
Elevations (DF, RKB, RT, GR, etc.) 3563 GR	Name of Producing Formation Vacuum North Abo	Top Oil/Gas Pay 8485	Tubing Depth 8440					
Perforations 8485, 86, 87, 89, 90, 91, 92, 93, 94, 8517, 18, 19, 20, 21, 22, 23, 24, 25, 26, 29			Depth Casing Shoe					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2"	13-3/8" OD		368		325 sk. Incor Neat			
12-1/4"	9-5/8" OD		4984		2400 sk. Incor 6Z Gal			
8-3/4"	7" OD		5724		1000 sk. 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 8-29-67	Date of Test 8-29-67	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hrs.	Tubing Pressure 250	Casing Pressure ---	Choke Size 11/64"
Actual Prod. During Test 376	Oil - Bbls. 376	Water - Bbls. 12 BAW	Gas - MCF 272

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.


(Signature)

AUTHORIZED AGENT
(Title)

9-5-67
(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.