| | | + | |
|--------------|-----|----------|-----|
| DISTRIBUTION | | | |
| SANTA TE | | | |
| FILE | | | |
| U.S.G.\$. | | <u> </u> | L - |
| LAND OFFICE | | 1 | |
| FRANSPORTER | OIL | | |
| | GAS | | |
| OPERATOR | | | |

IEW MEXICO OIL CONSERVATION COMMIST REQUEST FOR ALLOWABLE

| Form C-104 |
|--------------------------------|
| Supersedes Old C-104 and C-110 |
| Effective 1-1-65 |

| | AND U.S.G.S. LAND GFFICE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS | | | | | | |
|-----|---|---|--|---|--|--|--|
| | OPERATOR PROPATION OFFICE | | | | | | |
| 1. | Mobil Uil Corporation | | | | | | |
| | P. O. Box 633, Midland, Texas 79701 | | | | | | |
| | Reason(s) for filing (Check proper box | Reason(s) for filing (Check proper box) Other (Please explain) | | | | | |
| | lew We!! OII Dry Gas | | | | | | |
| | Change in Ownership Casinghead Gas Condensate Formerly Bridges State Lease. | | | | | | |
| | If change of ownership give name and address of previous owner | | | | | | |
| | DESCRIPTION OF WELL AND | LEASE | orgation Kind of Leas | Lease No. | | | |
| ••• | North Vacuum Abo Unit | Well No. Poor Items I market | | or Fee State B-1520 | | | |
| | Location | 980 Feet From The South Line | e and 660 Feet From | The East | | | |
| | Line of Section 3 To | wnship 17S Ronge | 34E , ммрм, Le | d County | | | |
| | | TER OF OIL AND NATURAL GA | S | | | | |
| и. | Name of Authorized Transporter of Oil | or Condensate | Box 900, Dallas, TX A | ttn: Don Kennedy | | | |
| | Mobil Pipeline Co. None of Authorized Transporter of Cal Phillips Pet. Co. | singhead Gas 🖹 or Dry Gas 🗍 | Address (Give address to which approved copy of this form is to be sent) Rm. B-2 Phillips Bldg., Odessa, TX | | | | |
| | If well produces oil or liquids, | Unit Sec. Twp. P.ge. | Is gas actually connected? When Yes 12-1-72 | | | | |
| İ | give location of tanks. | th that from any other lease or pool, | give commingling order number: | · | | | |
| | COMPLETION DATA | Oil Well Gas Well | New Well Workover Deepen | Plug Back Same Resty. Diff. Resty. | | | |
| | Designate Type of Completion | | Total Depth | P.B.T.D. | | | |
| | Date Spudded | Date Compl. Ready to Prod. | | Tubing Depth | | | |
| | Elevations (DF, RKB, RT, CR, etc.) | Name of Producing Formation | Top Oil/Gas Pay | | | | |
| | Perforations Depth Casing Shoe | | | | | | |
| | , | | CEMENTING RECORD | SACKS CEMENT | | | |
| | HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | | | | |
| | | | | | | | |
| | | | | to a state of the | | | |
| 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 allowable. (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable.) (II. WELL. Producing Method (Flow, pump, gas lift, etc.) | | | | | | |
| | Date First New Oil Run To Tanks | Date of Test | Producing Method (Flow, pump, gus | | | | |
| | Length of Test | Tubing Pressure | Casing Pressure | Choke Size | | | |
| | Actual Prod. During Test | Oil-Bble. | Water - Bhis. | Gas - MCF | | | |
| | | | | | | | |
| | Actual Prod. Test-MCF/D | Length of Test | Bhis. Condensate/MMCF | Gravity of Condensate | | | |
| | Testing Method (pitot, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size | | | |
| VI. | CERTIFICATE OF COMPLIAN | CE | | ATION COMMISSION | | | |
| | 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. | | APPROVED DEU | 4 1972 . 19 | | | |
| | | | Orig. Signed by BY Joe D. Ramey | | | | |
| | SPOAS IN LINE BUG COMPLETE TO THE | • • | | ist. I, Supv. | | | |
| | a D Bond | A. D. Bond | If this is a request for allo | compliance with RULE 1104. wable for a newly drilled or deepened anied by a tabulation of the deviation | | | |
| | / (Sign | iature) | well, this form must be accomp tests taken on the well in accomp | ordence with RULE 111. | | | |

Proration Staff Assistant November 29, 1972 (Date)

All sections of this form must be filled out completely for all we able 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

OIL CONSERVATION COMM.