

NO. OF 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

I.

Operator Mobil Oil Corporation	
Address P. O. Box 633, Midland, Texas	
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. 122	Pool Name, Including Formation Undesignated Northwest Vacuum Abo R-3296	Kind of Lease State, Federal or Fee State	Lease No. B-1520
Location North Vacuum-Abo R-3296				
Unit Letter I	1980	Feet From The South	Line and 660	Feet From The East
Line of Section 3	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 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)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'tv.	Diff. Res'tv.
Date Spudded 4-29-67	Date Compl. Ready to Prod. 6-30-67	Total Depth 10,840	P.B.T.D. 10,700					
Elevations (DF, RKB, RT, GR, etc.) 4057 GR	Name of Producing Formation Abo	Top Oil/Gas Pay 8662'	Tubing Depth 8703					
Perforations 8,662; 63; 64; 65; 92; 94; 96; and 8698 w/2 JSPP. Total 16 holes			Depth Casing Shoe -					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
15"	10-3/4" H-40 32.75#		420		250 ex Cl. A w/2% CACL			
9-7/8"	7-5/8" J-55 26.40#		4,770		225 ex 4% + 100 ex Neat			
6-3/4"	5-1/2" Liner J-55 17#		10,838		700 ex + 100 ex Neat. Circ.			
	2-3/8" Tbg		8,703					

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 June 29, 1967	Date of Test 7-1-67	Producing Method (Flow, pump, gas lift, etc.) Flow & Swab	
Length of Test 24 hrs.	Tubing Pressure 0-20#	Casing Pressure Packer	Choke Size 48/64"
Actual Prod. During Test	Oil-Bbls. 146	Water-Bbls. 28 BAW	Gas-MCF TSTM

*Pump unit being installed. Subj. well #122 to be re-potentialled.
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. Thurd
(Signature)
Authorized Agent
(Title)
July 7, 1967
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY **John J. Thurd**
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.