" NO. OF COPIES REC	EIVED	İ	
DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS	<u>i</u>	
OPERATOR			
BROBATION OFFICE			

111000		REQUEST FOR ALLOWABLE AND		
U.S.G.S.	AUTHORIZATION TO TE	RANSPORT OIL AND NATURAL	. GAS	
LAND OFFICE	+			
TRANSPORTER GAS	- 			
OPERATOR	+ -			
PRORATION OFFICE	+			
Operator	<u> </u>			
Mobil Oil Cor	poration			
Address	<u> </u>			
P. O. Box 633	, Midland, Texas 79701			
Reason(s) for filing (Check propo		Other (Please explain)	>,	
New Well	Change in Transporter of:			
Recompletion	Oil Dry	Gas		
Change in Ownership	Casinghead Gas Cond	densate	•	
If change of ownership give no				
and address of previous owner	·	- 		
. DESCRIPTION OF WELL	AND LEASE			
Lease Name	Well No. Rooi Name, Including	Formation Kind of Le	ase Lease No.	
Bridges State	124 Vacuum Abo N		eral or Fee State B-1520	
Location	1 -2 -1 - 2 - 4 - 1100 H	N-141	1 2/20	
Unit Letter P	460 Feet From The East I	Line and 660 Feet Fro	m The South	
1	1001 From From Ladou	r eet r to		
Line of Section 14	Township 17-S Range	34E , NMPM, I	Lea County	
			JCC COUNTY	
. DESIGNATION OF TRANS	PORTER OF OIL AND NATURAL O	GAS		
Name of Authorized Transporter			proved copy of this form is to be sent)	
Mobil Pipe Line C	ompany	P. O. Box 900, Dallas	s. Texas	
Name or Authorized Transporter	of Casinghead Gas X or Dry Gas	Address (Give address to which app	proved copy of this form is to be sent)	
Phillips Petroleu	m Company	P. O. Box 2105, Hobbs	s. New Mexico	
If well produces oil or liquids,	Unit Sec. Twp. Ege.		When	
if well findaces on or induian;	A 14 17-S 34-	P 1	4.0	
give location of tanks.	. A LITE 134-	E Yes	3-21-68	
			3-21-68	
If this production is commingl	ed with that from any other lease or poo		3-21-68 PC-100	
If this production is comming! COMPLETION DATA	ed with that from any other lease or poo	ol, give commingling order number:	PC-100	
If this production is commingl	ed with that from any other lease or poo	ol, give commingling order number:	PC-100	
If this production is comming! COMPLETION DATA Designate Type of Com Date Spudded	pletion - (X) Coll Well Gas Well Gas Well Gas Well Compl. Ready to Prod.	ol, give commingling order number:	PC-100	
If this production is comming! COMPLETION DATA Designate Type of Com Date Spudded 1-9-68	pletion - (X) Date Compl. Ready to Prod. 3-24-68	New Well Workover Deepen X Total Depth 10,565	PC=100 Plug Back Same Restv. Diff. Restv	
If this production is comming! COMPLETION DATA Designate Type of Com Date Spudded	pletion - (X) Date Compl. Ready to Prod. 3-2+68 Name of Producing Formation	New Well Workover Deepen X Total Depth 10,565 Top Oil/Gas Pay	PC=100 Piug Back Same Res'v. Diff. Res'v	
If this production is comming! COMPLETION DATA Designate Type of Com Date Spudded 1-9-68	pletion - (X) Date Compl. Ready to Prod. 3-24-68	New Well Workover Deepen X Total Depth 10,565	PC-100 Plug Back Same Restv. Diff. Restv P.B.T.D. 10,165	
If this production is comming! COMPLETION DATA Designate Type of Com Date Spudded 1-9-68 Elevations (DF, RKB, RT, GR, 4016 Perforations	pletion - (X) Date Compi. Ready to Prod. 3-2-68 etc., Name of Producing Formation Vacuum Abo North	New Well Workover Deepen X Total Depth 10,565 Top Oil/Gas Pay 8495	PC=100 Plug Back Same Restv. Diff. Restv P.B.T.D. 10,165 Tubing Depth	
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If this production is comming! COMPLETION DATA Designate Type of Com Date Spudded 1-9-68 Elevations (DF, RKB, RT, GR, 4016 Perforations	pletion - (X) Date Compl. Ready to Prod. 3-24-68 etc., Name of Producing Formation Vacuum Abo North 20,21,26,28,30,32,34,47,48	New Well Workover Deepen X Total Depth 10,565 Top Oil/Gas Pay 8495	PC=100 Plug Back Same Restv. Diff. Restv P.B.T.D. 10,165 Tubing Depth 8565	
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Authorized Agent			
7	(Title)		•
4/23/68			

(Date)

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.