

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

| | | |
|------------------|-----|--|
| SANTA FE | | |
| FILE | | |
| U.S.G.S. | | |
| LAND OFFICE | | |
| TRANSPORTER | OIL | |
| | GAS | |
| OPERATOR | | |
| PRORATION OFFICE | | |

I. Operator
Mobil Oil Corporation
Address
Box 633, Midland, Texas 79701
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

| | | | | |
|---|------------------------|---|---|----------------------------|
| Lease Name Bridges State | Well No. 125 | Pool Name, Including Formation Vacuum Morrow, North | Kind of Lease State, Federal or Fee State | Lease No. B-1520 |
| Location Unit Letter H ; 660 Feet From The East Line and 2180 Feet From The North Line of Section 14 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 type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Southwest Crude Oil Company | Address (Give address to which approved copy of this form is to be sent) Box 2497, Hobbs, New Mexico 88240 | |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> Northern Natural Gas Company | Address (Give address to which approved copy of this form is to be sent) Carlsbad Hwy. Hobbs, New Mexico 88240 | |
| 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:

IV. COMPLETION DATA

| | | | | | | | | |
|--|--|----------|----------------------------------|----------|-------------------------------|-----------|-------------|--------------|
| Designate Type of Completion - (X) | Oil Well | Gas Well | New Well | Workover | Deepen | Plug Back | Same Res'v. | Diff. Res'v. |
| | | X | | | X | | | |
| Date Spudded 11-30-71 | Date Compl. Ready to Prod. 1-7-62 | | Total Depth 11,890 | | P.B.T.D. | | | |
| Elevations (DF, RKB, RT, GR, etc.) 4017 Gr | Name of Producing Formation Vacuum Morrow, North | | Top Oil/Gas Pay 11,498 | | Tubing Depth 11,413 | | | |
| Perforations 11,498-11,500, 11,465-11,477 | | | | | Depth Casing Shoe | | | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | DEPTH SET | | SACKS CEMENT | | | |
| 17 1/2 | 13 3/8" | | 365 | | 325x | | | |
| 12 1/4 | 9 5/8" | | 4975 | | 2500x | | | |
| 8 3/4 | 7" Liner | | 10,600 | | 1050x | | | |
| 6 1/4 | 4 1/2" Liner | | 11,889 | | 450x | | | |

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 | Date of Test | Producing Method (Flow, pump, gas lift, etc.) | |
| Length of Test | Tubing Pressure | Casing Pressure | Choke Size |
| Actual Prod. During Test | Oil - Bbls. | Water - Bbls. | Gas - MCF |

GAS WELL

| | | | |
|--|--|--|--------------------------------------|
| Actual Prod. Test - MCF/D 5050.3 | Length of Test 24 | Bbls. Condensate/MMCF 33.8 | Gravity of Condensate 50.1 |
| Testing Method (pilot, back pr.) Back Pressure | Tubing Pressure (Shut-in) 4375 | Casing Pressure (Shut-in) Packer | Choke Size 18/64" |

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.


Authorized Agent
1-20-72
(Date)

OIL CONSERVATION COMMISSION

APPROVED **MAR 20 1972**, 19
BY **John Runyan**
TITLE **Geologist**

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.