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TRANSPORTER	OIL	
	GAS	
OPERATOR		
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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 ☒ 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 North ABO	Kind of Lease State, Federal or Fee	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 checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Mobil Oil 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 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 A	Sec. 14	Twp. 17-S	Rge. 34-E	Is gas actually connected? Yes	When 3-28-68

If this production is commingled with that from any other lease or pool, give commingling order number: PC-100

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'ty.	Diff. Res'ty.
Date Spudded 1-11-68	Date Compl. Ready to Prod. 3-28-68	Total Depth 10,600	P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.) 4016 GR	Name of Producing Formation Vacuum North ABO	Top Oil/Gas Pay 8,492	Tubing Depth 8,557					
Perforations 8492, 93, 94, 95, 99, 8500, 01, 18, 19, 20, 21, 22, 26, 27	Depth Casing Shoe							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
17-1/2	13-5/8"	365	325 X Incor. Neat					
12-1/4	9-5/8"	4975	2500 X Incor. 64 Gel.					
8-3/4	7" Liner	4801-10600	1050 X Incor. Neat					
	2-7/8" Tubing	8557						

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 3-28-68	Date of Test 3-29-68	Producing Method (Flow, pump, gas lift, etc.) Swabbed & Flowed	
Length of Test 24 Hrs.	Tubing Pressure 100	Casing Pressure	Choke Size
Actual Prod. During Test 408	Oil - Bbls. 408	Water - Bbls. 0	Gas - MCF 48/64
			80.1

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, 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.



Authorized Agent

(Signature)

(Title)

4-9-68

(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.