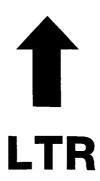
40. OF COPIES RECE	LIVED	1	
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U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
00504500	<u></u>		

Form C-104

	FILE	_			KEGOE21	FOR ALL	DWABLE				C-104 and C-1.
		+		·		AND				V= 1-1-6	5
	U.S.G.S.			AUTHORIZAT	ION TO TRA	ANSPORT (DIL AND	NATURAL (SAS		
	LAND OFFICE										
	TRANSPORTER OIL	<u> </u>									
	GA	5									
	OPERATOR										
1.	PRORATION OFFICE									•	
•	Operator										
	Mobil Produci	il Producing Texas & New Mexico Inc.									
	Address										
	9 Greenway Pl	aza	. Sui	te 2700, Housto	on TY 7	7046					
	Reason(s) for Illing (Chec				JII, IA /						
	New Well	, a pro	per cor,			0	ther (Please				
				Change in Transpor	rter of:		To cha	nge Opera	tor name f	rom M	Mobil Oil
	Recompletion			011	Dry Go	is	Corpor	ation.			
	Change in Ownership			Casinghead Gas	Conde	nsate	(Effective	Date: 1-	1-198	30)
	•• • • • • • • • • • • • • • • • • • • •										
	If change of ownership g and address of previous										
Ħ.	DESCRIPTION OF WI	ELL.	AND I	LEASE							
	Lease Name			Well No. Pool Nam	ne, Including F	ormation		Kind of Lease	,		Legse No.
	Bridges State			126	Vacuum Mi	iddle Per	חר	State, Federa	orFee State	0	
	Location							L	Jeac	-	B-1520
	J		1980	O Feet From The	South	1830)		Foot		
	Unit Letter	: -		Feet From The	Lin	e and 1000		_ Feet From '	rh• <u>East</u>		
	11		_	. 17-9		27. 1	7		_		
	Line of Section 11		Tow	mship 17-S	Range	34-1	E , NMPM		Lea		County
III.	DESIGNATION OF T										
	Name of Authorized Trans	porte	r of O11	XX or Condensate	,	Address (G	ve address	to which approv	ed copy of this fo	orm is to	be sent)
	Mobil Pipe Line	Co				Box	900 Da1	lac TY	75221		
	Name of Authorized Trans	porte	r of Cas.	inghead Gas Transpor Of	y, Ças 🗀.	Address (Gi	ve address	o which approx	ed copy of this fo	orm is to	be sent)
	Phillips Petrole	eum	Cons	M Goo Compandian	IVE: Februa	dry $1_{\rm E}129$	2 Phill	ine Plde	Post 1 occur	211 _	017 7/00/
	1		Gi	Unit Sec. Tw	p. Bge.	is aga getue	illy connecte	ed? Whe	, Bartlesv	LITE,	OK 74004
	If well produces oil or liq- give location of tanks.	uids,		A 14 17		Yes	,	, ,,,,,,	•••		
	4			<u> </u>							
	If this production is com	_	led with	h that from any other i	ease or pool,	give commin	igling order	number:	PC-44	4 9	•
IV.	COMPLETION DATA			100 00	-12 -::::-	T	T				
	Designate Type of	Con	noletio	n - (X)	Gas Well	New Well	Workover	Deepen	Plug Back Sa	me Resi	v. Diff. Restv.
	Designate 1) pe of				!	<u> </u>	! !	1			1
	Date Spudded			Date Compl. Ready to P	'rod.	Total Depth			P.B.T.D.		
	Elevations (DF, RKB, RT	. GR.	etc.,	Name of Producing Form	nation	Top Oil/Ga	s Pay		Tubing Depth		
								-			
	Perforations				•				Depth Casing S	hoe	
			•	TUBING	CASING, AND	CEMENTI	IC PECOP	<u> </u>	<u> </u>		
	HOLE SIZE			CASING & TUB!	DEPTH SET			SACKS CEMENT			
	1000 3120			CASING & 1001	10 312 5	 	DEF IN 30	- 1	SACK	3 CEM	ENI
				 		 					
						!					
				 		 			 		
						<u> </u>			<u></u>		
V.	TEST DATA AND RE	QUE	ST FO						and must be equal	to or es	sceed top allow
	OIL WELL				able for this de			<u> </u>			
	Date First New Oil Run T	'o Tar	ıks —	Date of Test		Producing M	ethod (Flou	, pump, gas lij	t, etc.)		
	Length of Test			Tubing Pressure	,	Casing Pressure		Choke Size			
	Actual Prod. During Test			Cil-Bble.		Water - Bbls.			Gas-MCF		
	·		į			,					
			<u>.</u> !	<u> </u>		J			1		· · · · · · · · · · · · · · · · · · ·
	CAC WELL										
	Actual Prod. Test-MCF/			Length of Test		Bbls. Conde	A B (C)		Gravity of Cond		
	ACIDAL FIOR (PEI-MOI / I			Langin of 14at		Dois. Conge	ILLEGIO MINICI	7	Gravity of Cons	enagre	
			,	multi- multi-			100-6	4-5	1000		
	Testing Method (pitot, bas	ck pr.	<i>'</i>	Tubing Pressure (Shut-	-1B)	Casing Pres	eme (page.	-11)	Choke Size		
											
VI.	ERTIFICATE OF COMPLIANCE			11	OIL		TION COMMI				
	hereby certify that the rules and regulations of the Oil Conservation			APPROVED							
	Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.				mation given	Orig. Signed by					
					BY Orig. Signed by Jerry Sexton						
				TITLE Dist 1, Supv.							
				''''		D150 11 50					
	$\boldsymbol{\wedge}$.	0 + 1 = 0				• • • • • • • • • • • • • • • • • • • •		compliance with			
	Robbie Say				If the	ls is a requ	est for allow	able for a newly	y drille	d or deepene	
•				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 allow							
	Authorized Agent (Title)										
						All s	ections of	this form mus	er pe miled out:	nombie:	rath tot strom
	00+	toba	•	•		able on new and recompleted wells. Fill out only Sections I. II. III. and VI for changes of owner.				ges of owner	
	October 31, 1979 (Date)					well name or number, or transporter, or other such change of condition				of condition	
	(Dett)					Separate Forms C-104 must be filed for each pool in multipl					
	!										







Job separation sheet

HO. OF COPISS RECEIVED			
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TRANSPORTER	OIL		
	GAS		
OPERATOR			

NEW MEXICO OIL CONSERVATION COMMI' NEQUEST FOR ALLOWABLE

Form C-104
Supersedes Old C-104 and C-110

	AND U.S.G.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS							
	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS							
	OIL							
	TRANSPORTER GAS							
	OPERATOR							
1.	PRORATION OFFICE				•			
•	Operator							
	Mobil Producing Texas & New Mexico Inc. Address							
	L	te 2700, Houston, TX 77						
	Reason(s) for filing (Check proper box)	Change in Transporter of:	Other (Please		.			
	Recompletion	Oil Dry Ga			or name from M	obil Oil		
	Change in Ownership	Casinghead Gas Conden	= *******		D-+ 1 1 100	<u>,</u> ,		
	C. C	Contract Gas Contract	(E.	riective	Date: 1-1-198	0)		
	If change of ownership give name							
	and address of previous owner							
11.	DESCRIPTION OF WELL AND I	LEASE						
•••	Lease Name 126, 130,		ormation	Cind of Lease		Lease No.		
	Bridges State 133	126 No.Vac - Atoka	Morrow Gas Pool	itate, Federal	or Fee State	B-1520		
	Location							
	Unit Letter;19	80 Feet From The South Lin	• and <u>1830</u>	Feet From Ti	East			
			•					
	Line of Section 11 Tow	mship 17-S Range	34-Е , ММРМ,		Lea	County		
	THE STATE OF THE AMERICAN		_					
III.	DESIGNATION OF TRANSPORT		S Address (Give address to	which approve	d copy of this form is to	he sent!		
	See Attachment			ш арр. ос		oe tenty		
	Name of Authorized Transporter of Cas	inghead Gas or Dry Gasyxy	Address (Give address to	which approve	ed copy of this form is to	be sent)		
	Northern Natural Gas C		403 Wall Toward	Most Mid	11 and TV 70701	,		
		Unit Sec. Twp. Rge.	403 Wall Towers					
	If well produces oil or liquids, give location of tanks.	A 14 17-S 34-E	Yes	1	9-28-68			
	If this production is commingled wit	/		number:	. 220 00	,		
IV.	COMPLETION DATA							
	Designate Type of Completio	Oli Well Gas Well	New Well Workover	Deepen	Plug Back Same Res*	v. Diff. Restv.		
	Designate Type of Completio	<u> </u>	!	! ! 	l	!		
	Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.			
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth			
	Lievations (DF, RRB, R1, GR, etc.)	Name of Producing Polination	1 Top On/Ods Pdy	-	1 antild Debtu	i		
	Perforations	<u> </u>	1		Depth Casing Shoe			
		TUBING, CASING, AND	CEMENTING RECORD	1				
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SE	Γ	SACKS CEMI	ENT		
	·							
		<u> </u>	J	نـــــن	<u> </u>			
V.	TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be a pole for this de	fter recovery of total volum pth or be for full 24 hours)	e of load oil a	nd must be equal to or ex	ceed top allow-		
	OII, WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow.		, etc.)			
	Length of Test	Tubing Pressure	Casing Pressure		Choze Size			
	Actual Prod. During Test	Oil-Bble.	Water - Bbis.		Gas-MCF			
			L					
	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF		Gravity of Condensate			
	Actual Prod. 1981-MCF/D		Barar Goldensera, Mario.		G. L. V. , G. L. C. I. C			
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-	in)	Choke Size			
VI	CERTIFICATE OF COMPLIANCE	ĊE.	OIL C	ONSERVA'	TION COMMISSION			
٧	CERTIFICATE OF COME ENDING							
	I hereby certify that the rules and r	egulations of the Oil Conservation	APPROVED, 19					
	Commission have been complied washove is true and complete to the	ith and that the information given	APPROVED, 19					
	above is true and complete to the	best of my knowledge and better.	jett) Sent.					
			TITLE Dist 1, Supv.					
			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.					
	Poble	Xay						
		-						
	Authorized	Agent						
	(Tie							
	October 31	. 1979	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.					
	(Da	16 <i>6)</i>	Separate Forms C-104 must be filed for each pool in multiply					
			Saherers s sime ansas meet as titled to: geen base in manabile					