## .UFIES RELEATED EISTOIBUTION REW MEXICO OIL CONSERVATION COMMISS! SANTATI REQUEST FOR ALLOWABLE FILE AND U.S.G.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS LAND OFFICE TRANSPORTER OPERATOR PROPATION OFFICE Operation Mobil Oil Corporation Pox 633, Midland, Texas 79701 Reason(s) for ling (Check proper box) Other (Please explain) Change in Transporter of: Recompletion Oil Dry Gas Change in Ownership Casinghead Gas Condensate If change of ownership give name and address of previous owner \_\_\_ II. DESCRIPTION OF WELL AND LEASE ell No. Pool Name, including Formation Kind of Lease Bridges State 126 Vacuum Middle Penn. State, Federal or Fee Location 1830 Unit Letter East Line and 1980 Feet From The Line of Section 11 17-S Township Range 34-E , NMPM III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil X Mobil Pipe Line Company Name of Authorized Transporter of Casinghead Gas cr D:y Gas

Potni C-104 Supersedes Ola C-104 and C-110 Effective 1-1-65

Lease No. State B-1520 South County Address (Give address to which approved copy of this form is to be sent) Box 900, Dallas, Texas 75221
Address (Give address to which approved copy of this form is to be sent) Phillips Petroleum Company Box 2105, Hobbs, New Mexico 88240 Unit Sec. Rge. If well produces oil or liquids, Twp. Is gas actually connected? give location of tanks 134-E 17**-**S 2-24-73 If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA PC 362 Designate Type of Completion - (X) Oil Well New Well Workover Plug Back Same Resty, Diff. Resty X Χ Done W.O. Started Date Compl. Ready to Prod. Total Depth P.B.T.D. 1-11-73 2-21-73 12,046 Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay Tubing Depth 4040.5 GR Vac. Middle Penn. 10,549 10,467 Perforations Depth Casing Snoe 10,549-10,560, 10,565-10,571, 10,606-10,608, 10,616-10.520 12,046 TUBING, CASING, AND CEMENTING PECORD HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT 17 - 1/213-3/8 3<u>25 sx</u> 3*55* 1.2-1/4 9-5/8 4980  $2700 \, \text{sx}$ 8-3/4 7" O.D. Liner 12,045' Top 4852 1500 sxV. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allow able for this depth or be for full 24 hours) OIL WELL Date of Test Date First New Oil Run To Tanks Producing Method (Flow, pump, gas lift, etc.) 1-29-73 Pump 2'' x 1-1/4 x 24' 3**-8-7**3 Length of Tes Tubing Pressure Casing Pressure Choke Size 24 hrs. 2" Tubing Actual Prod. During Test Oil - Bbis. Water - Bbls. Gas - MCF 87 12 129.4 **GAS WELL** Length of Test Bbls. Condensute/MMCF Gravity of Condensate Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size OIL CONSERVATION COMMISSION APPROVED

Actual Prod. Test-MCF/D Testing Method (pitot, back pr.) AL CERTIFICATE OF COMPLIANCE

 $\underline{\underline{I}}$  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.

Authorizad (Title) March 12, 1973

(Date)

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This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or despened 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 silow-able 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