

REQUEST FOR ALLOWABLE
AND

AUT. IZATION TO TRANSPORT OIL AND NAT. L GAS

LAND AREA		
WELL		
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)
Effective March 1, 1972

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Bridges State	Well No. 133	Pool Name, Including Formation Vacuum Morrow North	Kind of Lease State, Federal or Fee State	Lease No. B-1520
Location Unit Letter F : 1880 Feet From The North Line and 2150 Feet From The West 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"/> Mobil Pipe Line Company	Address (Give address to which approved copy of this form is to be sent) Box 900, Dallas, Texas			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Northern Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) Carlsbad Hiway, Hobbs, N.M. 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? Yes		When 7-21-70	

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.
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			
Perforations					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

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)

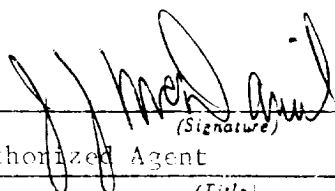
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/M/MCF	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 above data, test data and other information furnished herein has been compiled with and that the information given above is true and complete to the best of my knowledge and belief.


(Signature)
Authorized Agent

(Title)

2-28-72

(Date)

OIL CONSERVATION COMMISSION

MAR 1 1972

Orig. Signed by
Les Chambers
Oil & Gas Insp.

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 data.

Separate Form O-104 must be filed for each pool in multiply completed wells.