NEW MEXICO OIL CONSERVATION COMMISSION

REQUEST FOR ALLOWABLE

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

TRANSPORTER: OIL / GAS

OPERATOR

PRORATION OFFICE

Operator: Mobil Oil Corporation

Address: P. O. Box 633, Midland, Texas 79701

Reason(s) for filing (Check proper box)

- New Well
- Recompletion
- Change in Ownership

Change in Transporter of: Oil, Dry Gas, Casinghead Gas, Condensate

Other (Please explain): Change of lease name due to unitization. Formerly Bridges State Lease.

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

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
North Vacuum Abo Unit	135	North Vacuum-Abo	State, Federal or Fee State	B-1520

Location: Unit Letter L ; 860 Feet From The West Line and 1980 Feet From The South

Line of Section 11 Township 17S Range 34E , NMPM, Lea County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [X] or Condensate [ ]: Mobil Pipeline Co.

Address (Give address to which approved copy of this form is to be sent): Box 900, Dallas, TX Attn: Don Kennedy

Name of Authorized Transporter of Casinghead Gas [XX] or Dry Gas [ ]: Phillips Pet. Co.

Address (Give address to which approved copy of this form is to be sent): Rm. B-2 Phillips Bldg., Odessa, TX

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	B	14	17	34	Yes	12-1-72

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

COMPLETION DATA

Designate Type of Completion – (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resv.	Diff. Resv.

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

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 allowable for this depth or be for full 24 hours)

OIL WELL

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/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	**Tubing Pressure (Shut-in)**	**Casing Pressure (Shut-in)**	**Choke Size**

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.

A. D. Bond
(Signature)

Proration Staff Assistant
(Title)

November 29, 1972
(Date)

OIL CONSERVATION COMMISSION

APPROVED DEC 4 1972, 19

Orig. Signed by
Joe D. Ramey
Dist. I, Supv.

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.