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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

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 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):

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Bridges State	Well No., Pool Name, Including Formation 141 Undesignated R-4063	Kind of Lease State, Federal or Fee State	Lease No. B-1520
Location Unit Letter D 660 Feet From The North Line and 860 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 checked="" type="checkbox"/> or Condensate <input 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 type="checkbox"/> Phillips Petroleum Company GPM Gas Corporation	Address (Give address to which approved copy of this form is to be sent) Hobbs, New Mexico 88240		
If well produces oil or liquids, give location of tanks. A	Unit 14	Sec. 17-S	Range 34-E
Is gas actually connected? Yes		When 9-3-70	

If this production is commingled with that from any other lease or pool, give commingling order number: **PC 362**

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input checked="" type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Restv. <input type="checkbox"/> Diff. Restv. <input type="checkbox"/>		
Date Spudded 8-3-70	Date Compl. Ready to Prod. 9-6-70	Total Depth 8750	F.S.T.D. 3741
Elevations (DF, RKB, RT, GR, etc.) 4037 Gr.	Name of Producing Formation Vacuum Abo, North	Top Oil/Gas Pay 8571	Tubing Depth 8711
Perforations 8571, 78, 84, 88, 97, 98, 8609, 12, 14, 16, 18, 20, 22, 24, 26, 36, 38, 40, and 8642 with 1 JSPF Total of 20 holes			Depth Casing Shoe -
TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE 12-1/4 7-7/8	CASING & TUBING SIZE 8-5/8" 5-1/2"	DEPTH SET 1715 8750	SACKS CEMENT 1200 4800

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)

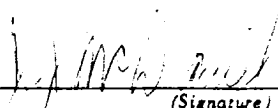
Date First New Oil Run To Tanks 9-3-70	Date of Test 9-8-70	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24	Tubing Pressure -	Casing Pressure -	Choke Size 2" Tubing
Actual Prod. During Test 221	Oil-Bbls. 221	Water-Bbls. 16 BAW	Gas-MCF 247.7

GAS WELL

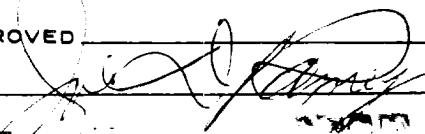
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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.


(Signature)
Authorized Agent
(Title)
9-10-70
(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.

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