

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

AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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  
Casinghead Gas

Dry 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  
North Vacuum Abo Unit

Well No.  
148

Pool Name, including Formation  
North Vacuum-Abo

Kind of Lease  
State, Federal or Fee State

Lease No.  
B-1520

Location

Unit Letter  
N

1980

Feet From The  
West

Line and  
860

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  
Mobil Pipeline Co.

or Condensate

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  
Phillips Pet. Co.

or Dry Gas

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  
B

Sec.  
14

Twp.  
17

Ege.  
34

Is gas actually connected?  
Yes

When  
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 Res'v.  
Diff. Res'v.

Date Spudded

Date Compl. Ready to Prod.

Total Depth

P.B.T.D.

Elevations (DF, RKB, RT, CR, 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 OIL WELL

Date First New Oil Run To Tanks

Date of Test

Producing Method (Flow, pump, gas lifts, 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 (pilot, 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

DEC 4 1972

APPROVED

BY

TITLE

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

This form is to be filed in compliance with RULE 1104.  
If this is a request for allowable for a newly drilled or deep well, this form must be accompanied by a tabulation of the down tests taken on the well in accordance with RULE 111.  
All sections of this form must be filled out completely for all wells on new and recompleted wells.  
Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter, or other such change of data.  
Separate Forms C-104 must be filed for each pool in a well.