

DISTRIBUTION			
SANTA FE			
FILE			
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 **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)

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Bridges State	Well No. 159	Pool Name, including Formation Vacuum Abo, North	Kind of Lease State, Federal or Free State	Lease No. B-1520
Location Unit Letter P ; 660 Feet From The South Line and 660 Feet From The East Line of Section 12 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 Pipeline 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	Address (Give address to which approved copy of this form is to be sent) Box 2105, Hobbs, New Mexico 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 5-10-71

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)	<input checked="" type="checkbox"/> Oil Well	<input type="checkbox"/> Gas Well	<input checked="" type="checkbox"/> New Well	<input type="checkbox"/> Workover	<input type="checkbox"/> Deepen	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Same Res'v.	<input type="checkbox"/> Diff. Res'v.
Date Spudded 4-14-71	Date Compl. Ready to Prod. 5-10-71		Total Depth 8,750		P.B.T.D. -			
Elevations (DF, RKB, RT, GR, etc.) 4015 GR	Name of Producing Formation Vacuum Abo, North		Top Oil/Gas Pay 8,561		Tubing Depth 8,706			
Perforations 8,561,62,69,72,73,74,79,80,81,82, 8,603,04,10,11,12,13,20 & 8,621					Depth Casing Shoe -			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4	8-5/8		1,775'		900 sx			
7-7/8	5-1/2		8,750'		3,800 sx			

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)

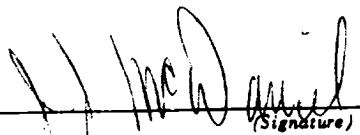
Date First New Oil Run To Tanks 5-10-71	Date of Test 5-16-71	Producing Method (Flow, pump, gas lift, etc.) Pump 2" X 1-1/4 X 14'	
Length of Test 24 Hrs.	Tubing Pressure -	Casing Pressure -	Choke Size 2" Tub.
Actual Prod. During Test 269	Oil - Bbls. 269	Water - Bbls. 0	Gas - MCF 154.9

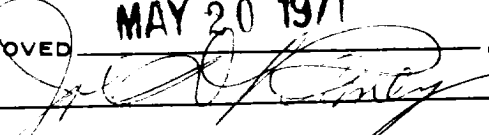
GAS WELL

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.


Authorized Agent
(Title)
5-18-71
(Date)

OIL CONSERVATION COMMISSION
MAY 20 1971
APPROVED _____, 19____
BY 
TITLE **SUPERVISOR DISTRICT I**
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.

RECEIVED

MAY 10 1971

OIL CONSERVATION COMM.
HOBBS, N. M.