

REQUEST FOR ALLOWABLE  
ANDForm O-114  
Supersedes O-114 and O-110  
Effective 1-1-65

## AUTORIZATION TO TRANSPORT OIL AND NATURAL GAS

STATE		
FIL		
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	<input type="checkbox"/>	Change in Transporter of:		Other (Please explain)
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>	
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>	
		Dry Gas	<input type="checkbox"/>	
		Condensate	<input checked="" type="checkbox"/>	Effective March 1, 1972

If change of ownership give name  
and address of previous owner

## II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Bridges State	158	Vacuum Morrow North	State, Federal or Fee State	B-1520
Location				
Unit Letter	J	1795 Feet From The	South Line and	1980 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 type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)			
Mobil Oil Corporation	Box 633, Midland, Texas 79701			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)			
Northern Natural Gas Company	Carlsbad Hiway, Hobbs, N.M. 88240			
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.
	0 12	17-S	34-E	yes
				7-19-71

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

## VI. CERTIFICATE OF COMPLIANCE

I, the undersigned, hereby certify that the data furnished above have been compiled with care and that the same are true and complete to the best of my knowledge and belief.

Authorized Agent  
(Signature)  
(Title)  
2-23-72  
(Date)

## OIL CONSERVATION COMMISSION

MAR 1 1972

Orig. Signed by  
Les Clements  
Oil & Gas Insp.

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 location of well, or other such change of information.  
Separate Forms O-114 must be filed for each pool in multiple completion wells.

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RECEIVED

FEB 23 1972

OIL CONSERVATION COMM.  
BUREAU, N. M.