SANTA FE REQUEST FOR ALLOWABLE Supersedes Old C-104 and C-1/6 FILE AND U.J.G.S. AUTH- ZATION TO TRANSPORT OIL AND NATURAL GAS LAND OFFICE OIL **TRANSPORTER** GAS OPERATOR PRORATION OFFICE Operator Mobil Oil Corporation P. O. Box 633, Midland, TX 79701 Reason(s) for filing (Check proper box) Other (Please explain) Change of lease name and well no. due New Well Change in Transporter of: to unitization. Formerly State VH Recompletion Well # 2. Change in Ownership Casinahead Gas Condensate If change of ownership give name Shell Oil Co., P. O. Box 1509, Midland, TX 79701 and address of previous owner. II. DESCRIPTION OF WELL AND LEASE Veli No.; Pool Name, Including Formation Kind of Lease Legse No. North Vacuum Abo Unit 201 North Vacuum-Abo State, Federal or Fee State B-1520 Location Line and 1980 J 1980 South East Feet From The Feet From The . 10 17S 34E Lea Line of Section Township Range NMPM County Address (Give address to which approved copy of this form is to be sent) Mobil Pipeline Co. Box 900, Dallas, TX Attn: Don Kennedy Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas 📉 💮 or Dry Gas 🗔 Rm. B-2 Phillips Bldg., Odessa, TX Phillips Pet. Co. Unit Sec. Twp. Is gas actually connected? If well produces oil or liquids, give location of tanks. J ! 10 ! 17 34 Yes 12-1-72 If this production is commingled with that from any other lease or pool, give commingling order number: V. COMPLETION DATA New Well Same Res'v. Diff. Res'v Plug Back Designate Type of Completion - (X) Date Spudded Date Compl. Ready to Prod. P.B.T.D. Total Depth Top Oil/Gas Pay Tubing Depth Elevations (DF, RKB, RT, CR, etc.) Name of Producing Formation Depth Casing Shoe Perforations TUBING, CASING, AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT (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) '. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tanks Date of Test Tubing Pressure Casing Pressure Choke Size Length of Test Water - Bble. Gas - MCF Actual Prod. During Test Oil - Bbls. **GAS WELL** Actual Prod. Test-MCF/D Bbis. Condensate/MMCF Length of Test Gravity of Condensate Casing Pressure (Shut-in) Choke Size Tubing Pressure (Shut-in) Testing Method (pitot, back pr.)

OIL CONSERVATION COMMISSION

APPROVED.

BY_

TITLE .

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 Proration Staff Assistant

November 29, 1972

(Date)

(Title)

This form is to be filed in compliance with RULE 1104.

DEC

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.

4 1972

Orig. Signed by Ice D. Remey

Dist. I, Supv.

Fitt 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