

AMT-1-72

REQUEST FOR ALLOWABLE

AND

PERMISSION TO TRANSPORT OIL AND NATURAL GAS

Form No. 1
Supplement No. 1
Effective 1-1-72

OPERATION

PRORATION OFFICE

Director

TRANSPORTED

OIL

GAS

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 (If lease 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.

165

Pool Name, Including Formation

North Vacuum-Abo

Kind of Lease

State, Federal or Fee

State

Lease No.

B-1520

Location

Unit Letter

D

Feet From The

660

North

Line and

860

Feet From The

West

Line of Section

13

Township

17S

Range

34E

NMPM,

Lea

County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil

Mobil Pipeline Co.

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.

Address (Give address to which approved copy of this form is to be sent)

Rm. 6-2 Phillips Bldg., Odessa, TX

If well produces oil or liquids, give location of tanks.

Unit

B

Sec.

14

Twp.

17

Rge.

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 numbers:

COMPLETION DATA

Designate Type of Completion - (X)

Oil Well

Gas Well

New Well

Workover

Deepen

Plug Back

Same Restm.

Diff. Restm.

Date Spudded

Date Compl. Ready to Prod.

Total Depth

P.B.T.D.

Elevations (DF, R&D, 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 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/MCF

Gravity of Condensate

Testing Method (pilot, Jack 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

APPROVED

DEC 4 1972

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BY

Orig. Signed by

Joe D. Ramey

Dist. 1, Supva

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 deviator 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 reworked wells.

Fill out only Sec. I, II, III, and VI for changes of owner, well name or number, or lease, or other such data.

Separate forms must be filed for each pool in a lease.