	DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE IRANSPORTER OIL GAS OPERATOR	REQUEST	FOR ALLOWABLE AND ANSPORT OIL AND NATURAL G	Form C-104 Supersedes Old C-104 and C-11 Ellocuive 1-4-65 AS	
1.	PRORATION OFFICE				
	Mobil Uil Corporation				
	P. O. Box 633, Midland, Texas 79701				
	Reason(s) for tiling (Check proper box)		Other (Please explain) Change of Jease n	ame due to unitization.	
	New Well	Oil Dry Go	· · · · · · · · · · · · · · · · · · ·		
	Change in Ownership	Casinghead Gas Conder	sate 🗌 Formerly Bridges	State Lease.	
	If change of ownership give name				
	and address of previous owner				
H.	DESCRIPTION OF WELL AND I	EASE Well No. Pool Name, Including F		Lease No.	
	North Vacuum Abo Unit	131 North Vacuum-Al	00 State, Federal	or Foo State B-1520	
	Location B 770 Feet From The North Line and 1980 Feet From The East				
				County	
	Line of Section 10 Tow	nship 175 Range	<u>34Е , ммрм, Lea</u>	County	
111.	DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS				
	Nome of Authorized Transporter of Oil Mobil Pipeline Co.	or Condensate			
	Nome of Authorized Transporter of Casinghead Gas 👔 or Dry Gas 📑		Box 900, Dallas, Tx Attn: Don Kennedy Address (Give address to which approved copy of this form is to be sen:)		
	Phillips Pet. Co.		Rm. B-2 Phillips Bldg.		
	If well produces oil or liquids, give location of tanks.	B 14 17 34		12-1-72	
	If this production is commingled with	h that from any other lease or pool,	give commingling order number:	·	
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back   Same Restv. Diff. Restr.	
	Designate Type of Completion	Dats Compl. Ready to Prod.	Total Depth	P.B.T.D.	
	Date Spudded			Tubing Depth	
	Elevations (DF, RKB, RT, CR, etc.,	Name of Producing Formation	Top Oll/Gas Pay	Laping Debiu	
	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 (Test must be after recovery of total volume of load oil and must be equal to or exceed top allow- able for this depth or be for full 24 hours) DIL WELL Producing Method (Flow, pump, gas lift, etc.)				
	Date First New Oil Run To Tanks Date of Test		Producing Method (Flow, pump, gas ii);	, eic.j	
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
		Oil-Bble.	Water - Bbls.	Gas • MCF	
	Actual Prod. During Test	UII-BBIS.			
	L				
	GAS WELL	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate	
			Casing Pressure (Shut-in)	Choke Size	
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Caring Pressar (and any		
VI.	CERTIFICATE OF COMPLIANC	E	OIL CONSERVA	TION COMMISSION	
	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.			4 1972 . 19	
			Orig. Signed by BYJoe D. Ramey		
	spove is true and complete to the	and at my supersume one second	TITLE Dist. I, Supv.		
				This form is to be filed in compliance with RULE 1104.	
	asbond	A. D. Bond	If this is a request for allowable for a newly drilled or deepends		
•	(Signature) Proration Staff Assistant (Title) November 29, 1972 (Date)		well, this form must be accompanied by a tabletion of a transition of the tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for slives able 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		