

UNIT NO.

LAND OFFICE

TRANSPORTER

OIL  
GAS

OPERATOR

PRORATION OFFICE

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator  
Mobil Oil Corporation

Address  
P. O. Box 633, Midland, Texas 79701

Reason(s) for filing (Check proper box)

Other (Please explain)

New Well ☐

Recompletion ☐

Change in Ownership ☐

Change in Transporter of:  
Oil ☐ Dry Gas ☐  
Casinghead Gas ☐ Condensate ☐

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.  
169

Pool Name, including Formation  
North Vacuum-Abo

Kind of Lease  
State, Federal or Fee State

Lease No.  
B-1520

Location  
Unit Letter H : 1980 Feet From The North Line and 660 Feet From The East  
Line of Section 13 Township 17S Range 34E , NMFM, Lea County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐

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

Mobil Pipeline Co.

Box 900, Dallas, TX Attn: Don Kennedy

Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐

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

Phillips Pet. Co.

Rm. B-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 number: \_\_\_\_\_

COMPLETION DATA

Designate Type of Completion - (X)

Oil Well ☐ Gas Well ☐ New Well ☐ Workover ☐ Deepen ☐ Plug Back ☐ Same Rest. ☐ Diff. Rest. ☐

Date Spudded

Date Compl. Ready to Prod.

Total Depth

P.B.T.D.

Elevations (DF, RKB, 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 (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/MCF

Gravity of Condensate

Testing Method (pilot, back 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, 19\_\_\_\_  
BY Joe D. Ramey  
Dist. I, Supv.  
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 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 Form C-104 must be filed for each pool in multiple completed wells.

RECEIVED

1172

OIL CONSERVED - C. L. I.  
HOLDS. H. M.