

SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

I. Operator
Mobil Oil Corporation
Address
P. O. Box 633, Midland, Texas 79701
Reason(s) for filing (Check proper box)
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Bridges State	Well No. 169	Pool Name, Including Formation Vacuum Abo., No.	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 17-S Range 34-E , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Mobil Pipe Line Company	Address (Give address to which approved copy of this form is to be sent) Box 900, Dallas, Texas 75221					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petroleum Company	Address (Give address to which approved copy of this form is to be sent) Box 2105, Hobbs, New Mexico 88240					
If well produces oil or liquids, give location of tanks.	Unit A	Sec. 14	Twp. 17-S	Rge. 34-E	Is gas actually connected? Yes	When 3-7-72

If this production is commingled with that from any other lease or pool, give commingling order number: **PC-362**

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 2-12-72	Date Compl. Ready to Prod. 3-7-72		Total Depth 8800		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) 4016.7	Name of Producing Formation Vacuum Abo., North		Top Oil/Gas Pay 8607		Tubing Depth 8713			
Perforations 8607, 18, 19, 25, 26, 27, 28, 29, 55, 56, 57, 58, 59, 65 & 8666					Depth Casing Shoe 8800			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE 17-1/2	CASING & TUBING SIZE 12-3/4"		DEPTH SET 270		SACKS CEMENT 450 x			
11	8-5/8"		3160		1400 x			
7-7/8	5-1/2		8800		2300 x			

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)

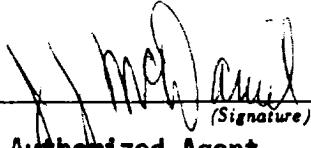
Date First New Oil Run To Tanks 3-6-72	Date of Test 3-19-72	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs	Tubing Pressure	Casing Pressure	Choke Size 2" Tub.
Actual Prod. During Test	Oil-Bbls. 204	Water-Bbls. 2 BLW	Gas-MCF 304.8

GAS WELL

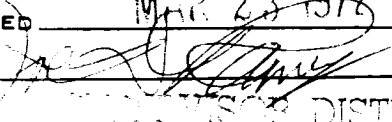
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE

I 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.


(Signature)
Authorized Agent
(Title)
3-21-72
(Date)

OIL CONSERVATION COMMISSION

APPROVED **MAR 23 1972**, 19
BY 
TITLE **DISTRICT I**

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 Forms C-104 must be filed for each pool in multiply completed wells.

RECEIVED

MAR 22 1972

OIL CONSERVATION COMM.
HOBBS, N. M.