CONSERVATION COMMISSION Form C-104 SANTA FE REQUEST FOR ALLOWABLE Supersedes Old C-104 and C-110 FILE Effective 1-1-65 AND Ŭ.S.G.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS AND OFFICE OIL TRANSPORTER GAS OPERATOR PRORATION OFFICE Mobil 011 Corporation Address P. O. Box 633, Aidland, Texas 79701 Reason(s) for filing (Check proper box) Other (Please explain) Change in Transporter of: Dry Gas Recompletion Oil Change in Ownership Casinghead Gas Condensate If change of ownership give name and address of previous II. DESCRIPTION OF WELL AND LEASE | Well No. | Pool Name, Including Formation Kind of Lease Lease No. State, Federal or Fee 170 North Vacuum Abo B-1520 **Bridges State** <u>State</u> 660 Feet From The North Line and **74**0 Feet From The West 14 Township 17-S Range 34-E , NMPM, County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Oil Mobil Pipe Line Company Box 900, Dallas, Texas Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas or Dry Gas Phillips Petroleum Company Box 2105, Hobbs, New Mexico 88240 Twp. If well produces oil or liquids, give location of tanks. 17-S 34-E A 14 Yes 2-29-72 If this production is commingled with that from any other lease or pool, give commingling order number: PC-362 IV. COMPLETION DATA Gas Well Plug Back Same Res'v. Diff. Res'v. Designate Type of Completion - (X) Date Compl. Ready to Prod. Total Depth P.B.T.D. 2-3-72 8800 vations (DF, RKB, RT, GR, etc.) Top Oll/Gas Pay Name of Producing Formation Tubing Depth 4037 GR 8579 8680 Vacuum Abo, North Depth Casing Shoe **8579,80,91,92,93, 8607,08,09,10,16,17,**18,19,20,21,29,31,32,33,34 8800 TUBING, CASING, AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT 12-3/4" <u> 17-1/2</u> 270 <u>450 x</u> 8-5/8" 3060 <u>1700 x</u> 5-1/2 8800 <u>2600 x</u> (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) V. 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 2-29-72 4-3-72 Pump Casing Pres Length of Test Tubing Pressure Choke Size 2" Tub 24 hrs. Actual Prod. During Test OtlaBble. Woter - Bhie. 91 30 **GAS WELL** Actual Prod. Test-MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate

VI. CERTIFICATE OF COMPLIANCE

Testing Method (pitot, back pr.)

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.

Tubing Pressure (Shut-in)

thorized Agent (Title) 4/4/72 (Date) OIL CONSERVATION COMMISSION

Casing Pressure (Shut-in)

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

K. 7 1772

•

DE CORSEL VIII. Communication in the second second