

U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRODUCTION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION

REQUEST FOR ALLOWABLE
AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form 1-14
Superseded 01-1-64 and 01-1-65
Effective 1-1-65

Operator Mobil Oil Corporation	
Address P. O. Box 633, Midland, Texas 79701	
Reason(s) for Filing (Check proper box)	Other (Please explain)
New Well ☐	Change of lease name due to unitization.
Recompletion ☐	Formerly Bridges State Lease.
Change in Ownership ☐	
Change in Transporter of:	
Oil ☐	
Castinhead Gas ☐	
Dry Gas ☐	
Condensate ☐	

If change of ownership give name
and address of previous owner _____

DESCRIPTION OF WELL AND LEASE

Lease Name North Vacuum Abo Unit	Well No. 173	Pool Name, including Formation North Vacuum-Abo	Kind of Lease State, Federal or Fee State	Lease No. B-1520
Location				
Unit Letter F	1840	Feet From The North	Line and 1840	Feet From The West
Line of Section 14	Township 17S	Range 34E	NMPM, 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 Castinhead 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 Reservoir	Diff. Reservoir
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RAB, 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

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bble.	Water-Bble.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bble. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back prod.)	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.

A. D. Bond 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. I, Supr.

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 conditions. Form 0-114 must be filed for each pool in unit.