U.S.G.S.	
LAND OFFICE	
TRANSPORTER OIL / GAS	
OPERATOR	
PRORATION OFFICE	

REQUEST FOR (OIL) AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Effective Date:

I. Operator

Mobil Oil Corporation

Address

P. O. Box 633, Midland, Texas 79701

Reason(s) for filing (Check proper box)

				Other (Please explain)
New Well	X	Change in Transporter of		
Recompletion		Oil	Dry Gas	
Change in Ownership		Casinghead Gas	Condensate	

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Bridges State	175	Vac. North Abo	State, Federal or Fee State	

Location

Unit Letter H : 1980 Feet From The North Line and 485 Feet From The East

Line of Section 14 Township 17-S Range 34-E , NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil X or Condensate	Address (Give address to which approved copy of this form is to be sent)
Mobil Pipe Line Co. Attn: Don Kennedy	Box 900, Dallas, Texas 75221
Name of Authorized Transporter of Casinghead Gas X or Dry Gas	Address (Give address to which approved copy of this form is to be sent)
Phillips Petroleum Co.	Room B-2, Phillips Bldg., Odessa, Texas 79760

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	A	14	17-S	34-E	Yes	2-1-73

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

IV. COMPLETION DATA

Designate Type of Completion – (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resv.	Diff. Resv.
	X		X					

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
12-22-72	2-1-73	8750	
Elevations (DF, RKB, RT, GR, etc.)	**Name of Producing Formation**	**Top Oil/Gas Pay**	**Tubing Depth**
4017 GR	Abo	8484	8581
Perforations			**Depth Casing Shoe**
8484-90; 8494-8500; 8514-17; 8520; 8524-26; 8529-8535 w/ 2 JSPF			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2	12-3/4	265	400
11	8-5/8	3060	1400
7-7/8	5-1/2	8750	2300

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 allowable for this depth or be for full 24 hours)

OIL WELL

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
2-1-73	2-7-73	Pump	
Length of Test	**Tubing Pressure**	**Casing Pressure**	**Choke Size**
24			
Actual Prod. During Test	**Oil-Bbls.**	**Water-Bbls.**	**Gas-MCF**
	114	1	165.5

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.

Christine O. Tucker
(Signature)

Proration Clerk
(Title)

February 7, 1973
(Date)

OIL CONSERVATION COMMISSION

APPROVED , 19

BY

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.

INCLINATION REPORT

Field Name Vac North abo County Lea State New Mexico

Operator Mobil Oil Corporation Address P. O. Box 633 Midland, Texas 79701

Lease Name & No. Bridges - State Well No. 175 Survey Totco

RECORD OF INCLINATION

Depth (feet)	Angle of Inclination (degrees)	Displacement (feet)	Accumulative Displacement (feet)
765	3/4	10.02	10.02
1320	3/4	7.27	17.29
1822	1	8.79	26.08
2325	3/4	6.59	32.67
2725	3/4	5.24	37.91
3060	1	5.86	43.77
4070	3/4	13.23	57.00
5000	1	16.28	73.28
6170	1	20.48	93.76
7350	1	20.65	114.41
8370	1 1/2	26.72	141.13
8750	1/2	3.34	144.47
		Total displacement	144.47

Survey was run in Open Hole Distance to the nearest lease line _____ feet

Certification of personal knowledge of Inclination Data:

I hereby certify that I have personal knowledge of the data and facts placed on this form, and that such information given above is true and complete.

Delton Marcum
Signature

MARCUM DRILLING COMPANY
Company

State of Texas)
)
County of Midland)

Before me, the undersigned, a Notary Public in and for said County and State, on this day personally appeared Delton Marcum, known to me to be the person whose name is subscribed to the foregoing instrument, and acknowledged to me that he executed the same for the purpose and consideration therein expressed and in the capacity therein stated.

GIVEN UNDER MY HAND AND SEAL OF OFFICE THIS 31 DAY OF January 19 __

My Commission Expires

_____

_____
Notary Public in and for said County and State