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	GAS
OPERATOR	
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NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
Form C-104  
Supersedes Old C-104 and C-105  
Effective 1-1-75

AUTHORIZED SIGN TO TRANSPORT OIL AND NATURAL GAS

1.

Operator Mobil Oil Corporation	
Address Box 633, Midland, Texas 79701	
Reason(s) for filing (Check proper box)	
New Well <input checked="" type="checkbox"/>	Change in Transporter <input type="checkbox"/>
Perforation <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name North Vac Abo Unit	Well Name 223 North Vac Abo	Kind of Lease State, Federal or Free	Lease No. B-1520
Location			
Unit Letter A	660 Feet From The North	460 Feet From The East	
Line of Section 13	Township 17-S	Range 34-E	County Lea

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give a Street 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 <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give a Street 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 EH	Sec. 1/4 18	Twp. 17-S	Range 34-E	Is gas actually connected? yes	Date 9-26-75

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 <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 8-22-75	Date Compl. Ready to Prod. 9-26-75	Total Depth 8750	F.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.) 4014.5 GR	Name of Producing Formation Abo	Top Oil/Gas Pay 8590	Tubing Depth 8702					
Perforations 8590, 91, 98, 99, 8600, 01, 21, 22, 29, 30, 31, 39, 40, 8641 (2 JSPF 28 holes)			Depth Casing Shoe					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE 17-1/2 11 7-7/8	CASING & TUBING SIZE 12-3/4 8-5/8 5-1/2		DEPTH SET 263 3140 8750		SACKS CEMENT 510 1600 1800			

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 9-26-75	Date of Test 10-9-75	Producing Method (Flow, pump, gas lift, etc.) pump	
Length of Test 24	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls. 140	Water-Bbls. 0	Gas-MCF 68

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, 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 C. Tucker  
(Signature)

Authorized Agent

(Title)

10-13-75

(Date)

OIL CONSERVATION COMMISSION

APPROVED

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