HO. OF COPIES RECI	EIVED		
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SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
IRANSPORTER	OIL		
	GAS		
OPERATOR			
PROBATION OFFICE		1	

NEW MEXICO OIL CONSERVATION COMMISSION

	SANTA FE FILE	REQUEST	FOR ALLOWABLE AND	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65		
	U.S.G.S. LAND OFFICE	AUTHORIZATION TO TRA	ANSPORT OIL AND NATURAL	GAS		
	OPERATOR GAS			·		
J.	Operator Mobil Producing TX. & N.M. Inc.					
	Nine Greenway Plaza, Suite 2700, Houston, Texas 77046					
	Reason(s) for Isling (Check proper box,	eason(s) for (ling (Check proper box) Other (Please explain)				
	New Well Recompletion Change in Ownership	Change in Transporter of: Oil X Dry Ga Casinghead Gas Conder		ate November 1, 1982		
	If change of ownership give name and address of previous owner					
11.	DESCRIPTION OF WELL AND	LEASE Well No. Pool Name, Including Fo	ormation Kind of Lea	se Legse No.		
	Bridges State	183 Vacuum Midd	le Penn State, Feder	ral or F•• State B1520-1		
	Unit LetterB : 910	reer rom theLin	4E , NMPM, Lea	The East		
111.	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	AS			
	JM Petroleum Corporation or Condensate 2000 N. Tower, Plaza of the Americas, Dallas, TX 7520					
Name of Authorized Transporter of Casinghead Gas X or Dry Gas Padress (Give address to which approved copy of this form is to Phillips Petroleum Co. GPM Gas Corporation Peank Phillips Bldg., Bartlesville, OK						
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Pge. B 12 17S 34E	Is gas actually connected? Yes	hen 11/21/77		
IV.	If this production is commingled wit COMPLETION DATA	th that from any other lease or pool,	give commingling order number: New Well Workover Deepen	PC-449 Plug Back Same Res'v. Diff. Res'v.		
	Designate Type of Completion		New Well Wolkover Deepen	Plug Buck Same Nesve. Diff. Resve.		
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
	Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth		
	Perforations Depth Casing Shoe					
	HOLE SIZE	TUBING, CASING, AND	D CEMENTING RECORD DEPTH SET	SACKS CEMENT		
V.	TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be a	fter recovery of total volume of load oi pth or be for full 24 hours)	l and must be equal to or exceed top allow-		
	OIL WELL 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 - Bb.s.	Gae-MCF		
	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	CE	MOV 4	ATION COMMISSION		
	I hereby certify that the rules and r Commission have been complied w above is true and complete to the	ith and that the information given	BY THE TOTAL OF THE PROPERTY O	Aca		
	_		TITLE OIL & GAS	INSPECTOR		
	Paula a	. Collins	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.			
	(Signa Authoriz	zed Agent				
	(Title) November 1, 1982 (Date)		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.			

well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply