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LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-11
Effective 1-1-65

I. Operator
Mobil Producing TX. & N.M. Inc.

Address
Nine Greenway Plaza, Suite 2700, Houston, Texas 77046

Reason(s) for filing (Check proper box)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:		Other (Please explain)	
Recompletion	<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 Vacuum Abo Unit	Well No. 253	Pool Name, including Formation Vacuum Abo, North	Kind of Lease State, Federal or Fee State	Lease No. B-1520-1
Location				
Unit Letter 0 ; 761 Feet From The South Line and 1823 Feet From The East				
Line of Section 13 Township 17S Range 34E, NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Mobil Pipe Line Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 900, Dallas, TX 75221					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petroleum Company GPM Gas Corporation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 2105, Hobbs, NM 88240					
If well produces oil or liquids, give location of tanks.	Unit 0	Sec. 13	Twp. 17	Rge. 34	Is gas actually connected? Yes	When 09/06/84

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	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Resrv.	Diff. Resrv.
Date Spudded 07/31/84	Date Compl. Ready to Prod. 09/06/84		Total Depth 8700		P.B.T.D. 8650			
Elevations (DF, RKB, RT, GR, etc.) 4011 GR	Name of Producing Formation Abo		Top Oil/Gas Pay 8562		Tubing Depth 8624			
Perforations 8562-8569					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2	13-3/8		406		400			
12-1/4	8-5/8		5000		2500			
7-7/8	5-1/2		8699		1000			
	2-7/8		8624					

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 09/06/84	Date of Test 09/11/84	Producing Method (Flow, pump, gas lift, etc.) pump	
Length of Test 24 hours	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test 249 Bbls	Oil-Bbls. 108	Water-Bbls. 102	Gas-MCF 145

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.

Paula W. Collins
(Signature)

Authorized Agent

(Title)

09/17/84

(Date)

OIL CONSERVATION COMMISSION

APPROVED SEP 20 1984, 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