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DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
IRANSPORTER	OIL		
	GAS		
OPERATOR			
		_	

	DISTRIBUTION  SANTA FE  FILE  U.S.G.S.  LAND OFFICE  TRANSPORTER  GAS  OPERATOR  PRORATION OFFICE		CONSERVATION COM. FOR ALLOWABLE AND ANSPORT OIL AND N		Effective 1-1-6	d C-104 and C-11 S			
I.	Operator	Y 8 N M Inc							
	Mobil Producing TX. & N.M. Inc. Address								
Nine Greenway Plaza, Suite 2700, Houston, Texas 77046  Reason(s) for filing (Check proper box)  Other (Please explain)									
	New Well X Recompletion Change in Ownership	Change in Transporter of: Oil Dry Go Casinghead Gas Conde	as 🗔	ezpiainy					
	If change of ownership give name and address of previous owner								
11.	DESCRIPTION OF WELL AND								
	North Vacuum Abo Unit	Well No. Pool Name, Including F 255 Vacuum Abo		Kind of Lease State, Federal o	rFee State	Lease No. B-1520-1			
		60 Feet From The South Lir	ne and 2099	_ Feet From The	• West				
	Line of Section 13 To	wnship 17S Range	34E , NMPM,	Lea		County			
III.	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	<b>AS</b>						
	Name of Authorized Transporter of Oil	X or Condensate	Address (Give address to						
	Mobil Pipe Line Company Name of Authorized Transporter of Casinghead Gas Cor Ory Gas		P. O. Box 900, Dallas,		ved copy of this form is to be sent)				
	Phillips Petroleum Co	mpany GPM Gas Lorporation Unit   Sec.   Twp.   Fige.	P. 0. Box 210	Hobbs	NM 88240				
	give location of tanks.	K 13 175 34E	Yes		8/31/84				
IV.	If this production is commingled wire COMPLETION DATA	th that from any other lease or pool,	give commingling order	number:	<del></del>				
	Designate Type of Completion	on - (X) Gas Well	New Well Workover	Deepen F	Plug Back   Same Res	'v. Diff. Restv.			
	Date Spudded 07/22/84	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.				
	Elevations (DF, RKB, RT, GR, etc.)	08/31/84 Name of Producing Formation	8700 Top Oil/Gas Pay	-	8697 Tubing Depth				
	4011 GR Perforations	Abo	8512	1	8679 Depth Casing Shoe				
8512-8553									
	TUBING, CASING, AND CEMENTING RECORD  HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEN					FNT			
	17-1/2	13-3/8	405	<u>'                                    </u>	400				
	12-1/4	8-5/8	5000		2650				
	7-7/8	5-1/2	8699		1000				
v	TEST DATA AND PROVEST FO	2-7/8  OR ALLOWABLE (Test must be a	8679		J 1 1				
٧.	OIL WELL	able for this de	epth or be for full 24 hours)			xceea top attow-			
	Date First New Oil Run To Tanks 08/31/84	Date of Teet 09/05/84	Producing Method (Flow, Pump		etc.)				
	Length of Test 24 hours	Tubing Pressure	Casing Pressure		Choke Size				
	Actual Prod. During Test  242 Bbls.  85		Water-Bbls.		Gas-MCF				
	242 DUIS.	85	92		104				
	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	1 C <b>E</b>	OIL C	ONSERVAT	ION COMMISSION				
						••			
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.			APPROVED						
			BY						
	•	TITLE							
	Daubara	This form is to	This form is to be filed in compliance with RULE 1104.						
(Signature) Authorized Agent (Title) 09/18/84			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 allow-						
							able on new and rec	able on new and recompleted wells.  Fill out only Sections I, II, III, and VI for changes of owner,	
				(De		well name or number,	Fill out only Sections I, II, III, and VI for changes or 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		
			Separate Forms	C-104 must b	e filed for each po	ol in multiply			