HO. OF COPIES RECT	EIVED	1	
DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.		Ĭ	
LAND OFFICE			
TRANSPORTER	OIL		
THANS! ON ER	GAS		
OPERATOR			
		1	

	SANTA FE	NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE		Form C-104		
	FILE			Supersedes Old C-104 and C-116 Effective 1-1-65		
	U.S.G.S.	AUTHOPIZATION TO TRA	AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			
	LAND OFFICE	ABTHORIZATION TO TRA	ANSPORT OIL AND NATURAL	GAS		
	OIL	7				
	TRANSPORTER GAS	-				
	OPERATOR	┥				
	PRORATION OFFICE	1		•		
	Operator					
	Mobil Producing ⁻	TX. & N.M. Inc.				
	Nine Greenway Plaza, Suite 2700, Houston, Texas 77046					
	Reason(s) for filing (Check proper box) Other (Please explain)					
	New Well	Change in Transporter of:	other (1 sease explain)			
	Recompletion	OII Dry Go				
	Change in Ownership	Casinghead Gas Conde	≒ 1			
		Condition das Conde	issue []			
	If change of ownership give name					
	and address of previous owner					
**	DECORPOSON OF HELL AND	1 D 4 C D				
11.	DESCRIPTION OF WELL AND	Well No. Pool Name, Including F	ormation Kind of Leas	se Lease No.		
	North Vacuum Abo Unit	260 Vacuum Abo,		2035 110.		
	Location	Zoo vacuum Abo,	NOT CIT	al or Fee State B-1520-1		
	C 660) Nonth	2000	Mant		
	Unit Letter C ; OOI) Feet From The North Lir	ne and 2080 Feet From	The West		
	12	176	74E	T		
	Line of Section 13 To	ownship 17S Range 3	34E , NMPM,	Lea County		
Ш.	Name of Authorized Transporter of O	TER OF OIL AND NATURAL GA	Address (Give address to which appro			
		_				
	Mobil Pipe Line Compar	1y	<u> </u>	• TX 75221		
		asinghead Gas 📉 or Dry Gas 🗀 📙	Address (Give address to which appropriate TECTIVE: Eabruary 1, 1902	oved copy of this form is to be sent)		
	Phillips Petroleum Cor	npany@PM Gas Compration	<u>P. O. Box 2105, Hobbs</u>	NM 88240		
	If well produces oil or liquids,	Unit Sec. Twp. P.ge.		hen		
	give location of tanks.	C 13 17S 34E	Yes	09/06/84		
IV.	If this production is commingled w COMPLETION DATA	ith that from any other lease or pool,		`		
	Designate Type of Completi	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Resty. Diff. Resty.		
	Designate Type of Completi	on = (x) X	<u> </u>	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
	08/03/84	09/06/84	8700	8651		
	Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Top Cil/Gas Pay	Tubing Depth		
	4027 GR	Abo	8529	8635		
	Perforations			Depth Casing Shoe		
	8529-8573					
		TUBING, CASING, ANI	D CEMENTING RECORD			
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
	17-1/2	13-3/8	405	400		
	12-1/4	8-5/8	5000	2900		
	7-7/8	5-1/2	8699	900		
		2-7/8	8635	<u></u>		
V.	TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a	after recovery of total volume of load oil	l and must be equal to or exceed top allow-		
	OIL WELL	able for this de	epth or be for full 24 hours)			
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas l	ift, etc.)		
	09/06/84	09/14/84	pumping			
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
	24 hours					
	Actual Prod. During Test	Oil-Bbis.	Water - Bbis.	Gas-MCF		
	143 Bbls.	74	107	98		
	GAS WELL					
	Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate		
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
			<u> </u>			
VI.	I. CERTIFICATE OF COMPLIANCE		OIL CONSERV	ATION COMMISSION		
			∥ not	= ⇒ 10g <i>1</i>		
	I hereby certify that the rules and	regulations of the Oil Conservation	APPROVED 00T = 2 1984 , 19			
	Commission have been complied	with and that the information given	· ·			
	above is true and complete to the best of my knowledge and belief.		BY San to Sec.			
			TITLE			
				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 allow-			
	, ,	natwe)				
		ized Agent				
	(Title) 09/06/84		able on new and recompleted w	relia.		
	09/06	D/ 0 4	Fill out only Sections I.	II, III, and VI for changes of owner,		

(Date)

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