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LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
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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-
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"/>	
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>	
		Dry 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. 262	Pool Name, Including Formation Vacuum Abo, North	Kind of Lease State, Federal or Fee State	Lease No. B-1520-1
Location Unit Letter <u>M</u> : <u>580</u> Feet From The <u>W</u> Line and <u>620</u> Feet From The <u>S</u> Line of Section <u>12</u> Township <u>17-S</u> Range <u>34-E</u> , 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 Co.	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 Petr. Co. 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 <u>M</u> Sec. <u>12</u> Twp. <u>17-S</u> Rge. <u>34-E</u>	Is gas actually connected? <u>Yes</u> When _____

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. <input type="checkbox"/>	Diff. Res. <input type="checkbox"/>
Date Spudded 9-11-84	Date Compl. Ready to Prod. 10-19-84		Total Depth 8750		P.B.T.D. 8701			
Elevations (DF, RKB, RT, GR, etc.) 4028 GR	Name of Producing Formation Abo		Top Oil/Gas Pay 8528		Tubing Depth			
Perforations 8528-8641					Depth Casing Shoe 8749'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2	13-3/8		400		528 cu. ft.			
12-1/4	8-5/8		5000		5598 cu. ft.			
7-7/8	5-1/2 Liner		8749		1188 cu. ft.			
	2-7/8		8640 (SN)					

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 10-18-84	Date of Test 10-26-84	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 Hours	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test 324	Oil - Bbls.	Water - Bbls.	Gas - MCF

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.

Virginia Howard
(Signature)
Authorized Agent
(Title)
11-5-84
(Date)

OIL CONSERVATION COMMISSION

APPROVED NOV 1 8 1984, 19____
BY Patricia L. Howard
TITLE Secretary

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 deviate 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 multiple