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DISTRIBUTION					
SANTA FE			Г		
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U.S.G.S.					
LAND OFFICE					
TRANSPORTER OIL					
	GAS				
OPERATOR					
PRORATION OFFICE					
Operator					
Mobil Produc	ing T	χ.	&		
Address					

1.	DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE TRANSPORTER GAS OPERATOR PROMATION OFFICE MOBIL Producing TX. & N.M. Inc. Address Nine Greenway Plaza, Suite 2700, Houston, Texas 77046 Resson(s) for filing (Check proper box) New MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE Supersedes Old C-104 and C-114 Supersedes Old C-104 Su					
Π.	New We!! Recompletion Change in Ownership If change of ownership give name and address of previous owner DESCRIPTION OF WELL AND Lease Name North Vacuum Abo Unit	Change in Transporter of: Oil Dry Ga Casinghead Gas Conder LEASE Well No. Pool Name, Including Fig. 274 Vacuum Abo, No.	ormation Kind	of Lease Lease No., Federal or Fee State B1520-1		
•	Location Unit Letter I : 1980 Feet From The S Line and 660 Feet From The E					
III.	<u> </u>	wnship 17-S Runge TER OF OIL AND NATURAL GA	_34-Е , ммрм,	Lea County		
	Name of Authorized Transporter of Oil	or Condensate	Address (Give address to whi	ch approved copy of this form is to be sent)		
	Mobil Pipe Line Company Name of Authorized Transporter of Cas Phillips Petroleum Co.	singhead Gas 📉 or Dry Gas 🗔	- Address (Give address to whi	Dallas, Texas 75221 ch approved copy of this form is to be sent) 'Hobbs, NM 88240		
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Pge. I 12 17-S 34-E	Is gas actually connected? Yes	When		
	If this production is commingled with COMPLETION DATA	th that from any other lease or pool,		Der:		
Designate Type of Completion - (X) Oil Well Gas Well New Well Workover Deepen Z Date Spudded Date Compl. Ready to Prod. Total Depth				P.B.T.D.		
	10-6-84	11-15-84	8800'	8757'		
	Elevations (DF, RKB, RT, GR, etc.) 4019 GL	Name of Producing Formation Abo	Top Oil/Gas Pay 8572	Tubing Depth 8726 '		
	Perforations 8572-8629'	1	Depth Casing Shoe 5000			
	1101 E 5175	TUBING, CASING, AND	CEMENTING RECORD			
	17-1/2	13-3/8	DEPTH SET	\$ACKS CEMENT 400x (528 CF)		
	12-1/4	8-5/8	5000	2300x (4476 CF)		
	7-7/8	5-1/2 L 2-7/8	4207-8799 8726	1075x (1424 CF)		
V.	OIL WELL	OR ALLOWABLE (Test must be a) able for this de	fter recovery of total volume of pth or be for full 24 hours)	load oil and must be equal to or exceed top allow-		
Date First New Oil Run To Tanks		1				
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
	24 hrs. Actual Prod. During Teet	Oil-Bhis.	Water - Bbie.	Gas - MCF		
	625	103	60	132		
	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate		
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-ia)	Casing Pressure (Shut-is)	Choke Size		
1 /1	CERTIFICATE OF CONTINUE	<u> </u>	011 00111	SERVATION COMMISSION		
VI.	CERTIFICATE OF COMPLIANCE I hereby certify that the rules and r		OIL CONSERVATION COMMISSION APPROVED DEC 1 0 1984			
	Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		BYORIGINAL SIGNED BY JERRY SEXTENT BIETRICT I SUPERVISOR			
	Durana (Signa	foward	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.			
	(Tu		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,			
	12-2-					

(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.