

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
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 1-1-85

Operator Mobil Producing TX & NM Inc.	
Address 9 Greenway Plaza - Suite 2700 - Houston, TX 77046	
Reason(s) for filing (Check proper box)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
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"/>
Other (Please explain)	

If change of ownership give name
and address of previous owner

III. DESCRIPTION OF WELL AND LEASE

Lease Name Bridges State	Well No. 502	Pool Name, Including Formation Vacuum	Kind of Lease State, Federal or Fee State	Lease No. B-1520
Location				
Unit Letter M : 1305 Feet From The West Line and 284 Feet From The South				
Line of Section 13 Township 17S Range 34E, NMPM, Lea County				

IV. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Mobil Pipeline Co	Box 900, Dallas, TX 75221	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Phillips Petroleum Co GPM Gas Corporation	Phillips Bldg, Bartlesville, OK 74004	
If well produces oil or liquids, give location of tanks.	Unit NE/4	Sec. 14
	Twp. 17S	Rge. 34E
	Is gas actually connected? Yes	
	When 8-06-85	

If this production is commingled with that from any other lease or pool, give commingling order number:

V. 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'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 6-19-85	Date Compl. Ready to Prod. 8-5-85		Total Depth 4800		P.B.T.D. 4758			
Elevations (DF, RKB, RT, GR, etc.) 4063 KB	Name of Producing Formation San Andres		Top Oil/Gas Pay 4560		Tubing Depth ECP @ 4322			
Perforations 4560-4644					Depth Casing Shoe			

TUBING, CASING, AND CEMENTING RECORD

MOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
20	13-3/8	35	3 yds.
12-1/4	8-5/8	1700	1250x
7-7/8	5-1/2	4800	1200x

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 8-5-85	Date of Test 8-13-85	Producing Method (Flow, pump, gas lift, etc.) flowing	
Length of Test 24 hrs.	Tubing Pressure 60	Casing Pressure 60	Choke Size 16/64"
Actual Prod. During Test	Oil - Bbls. 25	Water - Bbls. 110	Gas - MCF 21

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate 36.5
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.

Nancy Lewis
(Signature)

Authorized Agent

(Title)

8-22-85
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19

BY _____ ORIGINAL SIGNATURE OF COMMISSIONER

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