	NO. OF COPIES RECEIVED					
Ī	DISTRIBUTION					
[SANTA FE					
	FILE					
	บ.\$.G.S.					
ĺ	LAND OFFICE					
	TRANSPORTER	OIL				
	, MANO. ON LA	GAS				
	OPERATOR			L		
	PRORATION OFFICE					
I	Operator					
	Mobil Producing Texas					
I	Address					
	9 Greenway		-			
Peaconte Vine Check prope						

	DISTRIBUTION	NEW MEXICO OIL C	ONSERVATION COMMILLION	Press C 104				
	SANTA FE	,	Form C-104 Supersedes Old C-104 and C-116					
	FILE	Effective 1.1 cc						
	U.S.G.S.	AND ALITHOPIZATION TO TRANSPORT OIL AND MATHRAL CAS						
	LAND OFFICE	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS						
	TRANSPORTER OIL							
	GAS							
	OPERATOR							
1.	PRORATION OFFICE							
•••	Operator							
	Mobil Producing Texas & New Mexico Inc.							
	Address							
	9 Greenway Plaza, Suite 2700, Houston, TX 77046							
	Reason(s) for filing (Check proper box) Other (Please explain)							
	New Well	Change in Transporter of:	To change Ope	erator name from Mobil Oil				
	Recompletion	Oil Dry Go						
	Change in Ownership	Casinghead Gas Conde		ive Date: 1-1-1980)				
			(LITECE.	1ve Date: 1-1-1900)				
	If change of ownership give name							
	and address of previous owner							
11.	DESCRIPTION OF WELL AND	LEASE						
	Legse Name	Well No. Pool Name, Including F	ormation Kind of L	_ease Lease No.				
	State "J"	2 Vacuum Gray	burg S. A State, Fe	derd or Fee State B-1519				
	Location	<u>-</u>						
	J 198	30 South	1920	The same of the sa				
	Unit Letter;	Feet From TheLir	se and 1980 Feet Fr	rom The West EasT				
			• • •					
	Line of Section 22	wnship I7-S Range	34-E , NMPM.	Lea County				
				Journa				
	DEGRAMATION OF TRANSPOR	TED OF OIL AND NATURAL CA	e.					
111.	Name of Authorized Transporter of Oil	TER OF OIL AND NATURAL GA		pproved copy of this form is to be sent)				
		VVIX of Couldensage		,				
	Mobil Pipeline Co		Box 900 Dallas, T	X 75221 pproved copy of this form is to be sent)				
	Name of Authorized Transporter of Ca	singhead GasXXX or Dry Gas	Address (Give address to which a	pproved copy of this form is to be sent)				
	Phillips Petroleum Co	GPM Gas CorporationFFFFCTIVE	February Thirdans Bl	dg Bartlesville, OK 74004				
		Unit Sec. Twp. P.ge.	Is gas actually connected?	When				
	If well produces oil or liquids,	J 22 17-S 34-E		1				
	give location of tanks.	3 22 17-3 34-E	Yes	· 				
	If this production is commingled wi	th that from any other lease or pool,	give commingling order number:	•				
	COMPLETION DATA	• • • •						
- • •		Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.				
	Designate Type of Completic	$\operatorname{on} - (X)$		· ' ' '				
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.				
	Date Spudded	Date Compt. Ready to Prod.	Total Deptin	F.B.1.D.				
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth				
	Perforations		Depth Casing Shoe					
	TUBING, CASING, AND CEMENTING RECORD							
		T		CACUC CENEUT				
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT				
			1					
		OD ALLOWARIE C	Annana anna	all and much be social to the state of the state of				
V.		DATA AND REQUEST FOR ALLOWABLE (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)						
	OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, ga	se lift. etc.)				
	Date titlet New Off Watt 10 fauxs	200 01 1950						
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size				
ļ								
	Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gds-MCF				
	-	1						
i			<u> </u>					
	GAS WELL		Dil. 0. 1	[C				
[Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate				
į								
Ì	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size				
Ì								
۱	CERTIFICATE OF COUNTY	CF.	OIL CONSES	RVATION COMMISSION				
VI.	CERTIFICATE OF COMPLIANCE		OIL CONSER	CVALIUN COMMISSION				
			II DEC	5 1979				
	hereby certify that the rules and regulations of the Oil Conservation		APPROVED 13/9 , 19					
Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.			Ong. Signed b					
			BY Orig. Signed Fig. Jerry Sexton					
			TITLE Dist 1. Supr.					
	l l		TITLE DIGUI, SUDY.					
	Robbie Jay		This form is to be filed in compliance with RULE 1104.					
	MALLI	u Sain	If this is a request for allowable for a newly drilled or deepened					
-	10000	time) [well, this form must be accompanied by a tabulation of the deviation					
(Stillustime) ()			tests taken on the well in accordance with RULE 111.					
	Authorized		All sections of this form must be filled out completely for allow-					
	(Title)		able on new and recompleted wells.					
	Octobor 21 1970 Fill out only Sections I. II. III. and VI for changes of owner							
	OCTOBEL 11	• + / / /	well name or number, or transporter, or other such change of condition.					

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