NO. OF COPIES RECEIVED DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE OIL	•	INSERVATION COM SION OR ALLOWABLE AND NSPORT OIL AND NATURAL GA	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65
IRANSPORTER GAS OPERATOR PRORATION OFFICE Operator		······································	
Mobil Producing Texas & New Mexico Inc.			
9 Greenway Plaza, Suite 2700, Houston, TX 77046			
Reason(s) for filing (Check proper box) New Well Recompletion Change in Ownership	Image: In Transporter of:     To change Operator name from Mobil Oil       Oil     Dry Gas     Corporation.		
If change of ownership give name			
and address of previous owner			
DESCRIPTION OF WELL AND L	Well No. Pool Name, Including Fo		Lease No.
Bridges St. WFL Con. Bt	y 6 Vacuum Gr	ayburg, S.A. State, Federal	or Fee State B-1520
Unit Letter E : 1980 Feet From The North Line and 660 Feet From The West			
Line of Section 23 Township 17-S Range 34-E, NMPM, Lea County			
Name of Authorized Transporter of Oil	<b>ER OF OIL AND NATURAL GA</b> or Condensate	S Address (Give address to which approve	d copy of this form is to be sent)
N/A - Water Injection	Well	Address (Give address to which approve	ed conviol this form is to be sent.
Name of Authorized Transporter of Cas	inghead Gas 📄 or Dry Gas 🦳		
If well produces oil or liquids,	Unit Sec. Twp. Ege.	is gas actually connected? When	
give location of tanks. If this production is commingled with 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 Completio			
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Perforations			Depth Casing Shoe
HOLE SIZE	TUBING, CASING, AND CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	·		
7. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allow able for this depth or be for full 24 hours)			
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas life	, etc.)
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Teet	Oil-Bbie.	Water - Bbis.	Gas - MCF
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
			TION COMMISSION
. CERTIFICATE OF COMPLIANCE			1979
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.		APPROVED DLU D Orig. Signed	
		BYJerry Sexton	
		TITLE Dist 1. Supv. This form is to be filed in compliance with RULE 1104.	
Robbie gay		To this is a sequent for allow	able for a newly drilled or deepene
(Signature)		well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.	
Authorized Agent (Title)		All sections of this form must be filled out completely for allow able on new and recompleted wells.	
October 31, 1979		Fill out only Sections I. II well name or number, or transport	. III, and VI for changes of owner er, or other such change of condition
(Date)		Separate Forms C-104 must	be filed for each pool in multipl