HO. OF COPIES RECI	CIVED }	1
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		
Operator		

	SANTA FE	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-11		
	FILE U.S.G.S.	AUTHORIZATION TO TRA	AND ANSPORT OIL AND NATURAL (Effective 1-1-65		
	LAND OFFICE	1				
	TRANSPORTER GAS					
	OPERATOR PRORATION OFFICE			•		
••	Operator Mobil Producing Texas	& New Mexico Inc.				
	Address 9 Greenway Plaza, Sui	te 2700, Houston, TX 77	7046			
	Reason(s) for filing (Check proper box)					
	New Well Recompletion	Change in Transporter of: Oil Dry Ga		tor name from Mobil Oil		
	Change in Ownership	Casinghead Gas Conden		e Date: 1-1-1980)		
	If change of ownership give name and address of previous owner					
11.	DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, Including Formation Kind of Lease Lease No.					
	Bridges State	13 Vacuum B1		25454 1.4.		
	Location Unit Letter E ; 660) Feet From The West Lin	e and 1980 Feet From	The North		
	Line of Section 25 Tow	waship 17-S Range	34-E , NMPM,	Lea County		
III.	DESIGNATION OF TRANSPORT	FER OF OIL AND NATURAL GA	as			
	Name of Authorized Transporter of Oil Mobil Pipeline Co	or Condensate	Address (Give address to which appro			
	Name of Authorized Transporter of Cas		Box 900 Dallas, TX 752 Address (Give address) which appro February Frank Phillips Bldg, Ba	ved copy of this form is to be sent)		
	Phillips Petroleum Co G	PM Gas Corporation EFFECTIVE:	Frank Phillips Bldg, Ba			
	If well produces oil or liquids, give location of tanks.	E 25 17-S 34-E	1			
IV.	If this production is commingled wit COMPLETION DATA	th that from any other lease or pool,		PC-927		
	Designate Type of Completio	on - (X) Gas Well	New Well Workover Deepen	Find Edge Same Nes-V. Dill. Nes-V.		
	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		<u> </u>	Depth Casing Shoe		
		TUBING, CASING, AND	CEMENTING RECORD			
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
v	TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be a	fter recovery of total volume of load oil	and must be equal to or exceed top allow-		
٠,	OII. WELL Date First New Oil Fun To Tanks	able for this de	pth or be for full 24 hours) Producing Method (Flow, pump, gas li			
	Date i Ital Man Ott Latt 10 1 arras					
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
	Actual Prod. During Test	Oil-Bbis.	Water-Bbls.	Gas-MCF		
	GAS WELL	1				
	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		
VI.	CERTIFICATE OF COMPLIANCE	CE	OIL CONSERVA	ATION COMMISSION		
	I hereby certify that the rules and regulations of the Oil Conservation Commission have been compiled with and that the information given above is true and complete to the best of my knowledge and belief.		APPROVED DEC 3 1979 . 19			
			Orig. Signed by			
			Dist 1. Sunst.			
			This form is to be filed in compliance with RULE 1104.			
	(Signa	sture) U	well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.			
	Authorized Agent (Tide)		All sections of this form must be filled out completely for allowable on new and recompleted wells.			
(t true)			13			

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