DISTRIBU	TION	1
SANTA FE		+
FILE		
U.\$.G.\$.		
LAND OFFICE		
IRANSPORTE	OIL	
I A A A S F O A I E	GAS	
OPERATOR		
PRORATION OFFICE		

	DISTRIBUTION SANTA FE FILE	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ONSERVATION COMMI. FOR ALLOWABLE AND	Ř.	Form C-104 Supersedes Ol Effective 1-1-6	d C-104 and C-110		
	U.S.G.S.  LAND OFFICE  I RANSPORTER GAS  OREGATOR	AUTHORIZATION TO TRA	ANSPORT OIL AND NA	TURAL GA	.S			
1.	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 We!!  Change in Transporter of:  Other (Please explain)  To change Operator name from Mobil Oil							
	Recompletion  Change in Ownership	Oil Dry Go Casinghead Gas Conder	s Corporat	ion.	Date: 1-1-19			
	If change of ownership give nam and address of previous owner _	e						
11.	DESCRIPTION OF WELL AN	Well No. Pool Name, Including F	ormation K	ind of Lease		Lease No.		
	Bridges State Batter	y #14 36 Vacuum Gray	yburg, S. A. st	ate, Federal o	or Fee State	B-1520		
		660 Feet From The North Lin		Feet From The	• West			
	Line of Section 25	Township 17-S Range	34-Е , ММРМ,	<u></u>	Lea	County		
II.	DESIGNATION OF TRANSPORTER OF Authorized Transporter of	ORTER OF OIL AND NATURAL GA	Address (Give address to t	uhich approved	d copy of this form is:	to be sent)		
	in the stand Temperature of	S & New Mexico Inc.(Trucks) Casinghead Gas 🙀 or Dry Gas 🗔	Address (Give address to 1	s, TX 7	5221 d copy of this form is:	to be sent)		
	Phillips Petroleum Co	GPM Gas Corporation EFFECTIV	Frank Phillip	s Bldø. 1	Bartlesville.	į		
	If well produces oil or liquids, give location of tanks.	B 25 17-S 34-E	Yes	<u> </u>	6-14-71			
	If this production is commingled COMPLETION DATA	with that from any other lease or pool,		\				
	Designate Type of Compl	etion - (X)   Oil Well   Gas Well	New Well Workover	Deepen	Plug Back   Same Res	iv. Dill. Hes'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		Tubing Depth			
	Perforations				Depth Casing Shoe			
	HOLE SIZE	TUBING, CASING, AND CASING & TUBING SIZE	D CEMENTING RECORD		SACKS CEN	MENT		
	HOLE SIZE							
v.	TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be capille for this d	ifter recovery of total valume epth or be for full 24 hours)	of load oil an	id must be equal to or	exceed top allow-		
	OIL WELL Date First New Oil Run To Tanks		Producing Method (Flow, pump, gas lift, etc.)					
	Length of Test	Tubing Pressure	Casing Pressure Choke Size					
	Actual Prod. During Teet	Oil-Bhis.	Water-Bbls. Gas-MCF		Gas-MCF			
	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	<del></del>	Gravity of Condensate	,		
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-i.	<u>n)</u>	Choke Size			
WI.	CERTIFICATE OF COMPLI	ANCE	OIL CO	NSERVAT	TION COMMISSIC			
¥ 4.			OIL CONSERVATION COMMISSION					
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.		Orig. Signed by  Jerry Sexton  TITLE  Dist I, Supv.  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 filled for each pool in multiply						
Authorized Agent (Title)  October 31. 1979 (Date)								