HO. OF COPIES REC	IVED	1	
DISTRIBUTIO			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL	<u> </u>	
INANSPORTER	GAS		`
OPERATOR			
PROPATION OF	Т	T	

NEW MEXICO OIL CONSERVATION COMM. REQUEST FOR ALLOWABLE

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

FILE				`		AND			Litective	1-1-02
U.S.G.S.		ļ		AUTHORIZATIO	ON TO TRA	NSPORT	OIL AND N	ATURAL G	AS	
LAND OFFICE	,	ļ								
TRANSPORTER	GAS	-								
OPERATOR	0.73	 	-				,			
PRORATION OF	FICE			1						•
Operator			.							
Mobil Prod	lucing	; Te	xas	& New Mexico I	nc.	···-				•
	Plaz	a.	Sui	te 2700, Housto	n. TX 77	046				
Reason(s) for filing					, , ,		Other (Please	explain)		
New Well				Change in Transport	er of:		To chan	ge Operat	tor name fr	om Mobil Oil
Recompletion				Oil	Dry Gas	· 🔲	Corpora			
Change in Ownershi				Casinghead Gas	Conden	sate	(E	ffective	Date: 1-1	-1980)
If change of owners	ship giv	e nar	ne							
and address of pre-	vious ov	vner .	·····							
DESCRIPTION O	F WEL	L A	ND I	LEASE			,			
Lease Name	, ,		, ,	Well No. Pool Name				Kind of Lease State Federal		Lease No.
Bridges Stat	e 4=1	2=1	4-8	6- 4 Va	cuum Gray	burg, S	S. A. S	state, redetal	or Fee State	B-1520
1	В		660	Feet From The NO	נדת	. 1084	2		. Foot	
Unit Letter		·	000	Feet From The HO.	KIII Line	e and 1702		_ Feet From T	he <u>East</u>	
Line of Section	26		Tow	vnship 17-S	Range	34-1	E , NMPM,		Lea	County
Name of Authorized				FER OF OIL AND NA			Cina addese e en	which approx	ed copy of this for	-
Mobil Pipeli			1 011	XX) of Condensate	<u></u>	i	900 Dalla			m is to be tent)
Name of Authorized			í Cas	singhead Gas 🕮 or Dry	/ Gas	Address (Give address to	which approv	ed copy of this for	m is to be sent)
				SPM Gas Corporation	EFFECTIV	E: Febru	aky Philas	s Bldg,	Bartlesvil	le, OK 74004
If well produces oil	or liquid	ls,		Unit Sec. Twp. NE/4 26 17-	. Rge.		ually connected	? Whe	n	
give location of tan				NE/4 26 17-	S 34-E	Yes		- 1		
If this production i COMPLETION D		ngle	d wit	th that from any other le				number:		1
Designate Ty	ne of C	omp	letio	on - (X)	Gas Well	New Well	Motkovet	Deepen	Plug Back San	e Res'v. Diff. Res'v.
				Date Compl. Ready to Pr		Total Dep	<u> </u>	<u> </u>	P.B.T.D.	
Date Spudded				Dute Compi. Reddy to Pi	Qu.	Total Dep	• • • • • • • • • • • • • • • • • • • •		F.B.1.D.	
Elevations (DF, RK.	B, RT, G	R, et	c. j	Name of Producing Form	ation	Top Oil/G	as Pay		Tubing Depth	
Perforations									Depth Casing Sh	36
					2 4 5 1 2 4 2 1 2	05115113	DECODO			
HOLE	6175			CASING & TUBIN		CEMENI	DEPTH SE		SACKS	CEMENT
HOLE	3126			CASING & LOSIN	10 3/22			<u> </u>	- SAGAS	
								· · · · · · · · · · · · · · · · · · ·		
						<u></u>		······································	L	
	D REQ	UES'	T F	OR ALLOWABLE (7	est must be of ble for this de	iter recovery oth or be fo	y of total volum r full 24 hours)	e of load oil a	ind must be equal:	to or exceed top allow-
OIL WELL Date First New Oil	Run To	Tanks		Date of Test			Method (Flow,		, etc.)	
Length of Test				Tubing Pressure		Casing Pr	************************		Choke Size	
Actual Prod. During	Test			Cil-Bbis.		Water - Bb			Gas - MCF	
Actual Prod. During	1 467			0 22.2.						
·		-				<u> </u>	,	······································	<u> </u>	
GAS WELL						· · · · · · · · · · · · · · · · · · ·			,	
Actual Prod. Test-	MCF/D			Length of Test		Bbis. Con	densate/MMCF		Gravity of Conde	nedie
Testing Method (pit	ot, back	pr.)		Tubing Pressure (Shut-	in)	Casing Pr	essure (Shut-	in)	Choke Size	
				<u></u>						
CERTIFICATE (OF CO	MPL.	IAN	CE					TION COMMIS	
I becali contify the	at the m	des .	and r	regulations of the Oil C	onservation	APPRO	VED) <u> </u>	<u> 1979 </u>	, 19
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given				50	BY Orig. Signed by					
above is true and complete to the best of my knowledge and belief.			}		Jerry Sex	on				
				TITLE Dist 1, Supe.						
$\rho_{i,i}$: ρ_{α}				This form is to be filed in compliance with RULE 1104.						
Krowe Jay					to this is a request for allowable for a newly drilled or deepened					
(0.5.0.200					tests to	well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.				
Authorized Agent					All sections of this form must be filled out completely for silow- able on new and recompleted wells.					
(Title) October 31, 1979					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.					
	0010	ver	(Da			well na	me or number,	or transport	er, or other such	change of condition.
						Ser	parate Forms	C-104 must	be filed for es	ich pool in multiply