State of New Mexico gy, Minerals & Natural Resources Department

District I PO Box 1980, Hobbs, NM 88241-1980 District II

PO Drawer DD, Artesia, NM 88211-0719 District III

OIL CONSERVATION DIVISION

Form C-104 Revised February 10, 1994 Instructions on back Submit to Appropriate District Office

| 1000 Rio Brazos Rd., Aztec, NM 87410     |  |                          | P.O. Box 2088<br>Santa Fe, NM 87504-2088 |                                       |  |                                     |                      |   |                        | 5 Co                                  |  |
|--|--|--------------------------|--|---------------------------------------|--|-------------------------------------|----------------------|---|------------------------|---------------------------------------|--|
| District IV<br>PO Box 2088, Sant         | a Fe, NM 87                                | 7504-2088                |  |                                       | , = 5700                               |                                     | -                    |   | AMI                    | ENDED REPO                            |  |
| I.                                       | F  | REQUEST                  | FOR A                                    | LLOWAI                                | BLE AND A                              | AUTHO                               | ORIZAT               | TION TO TI                                  | RANSPOR'               | Γ                                     |  |
|  |  | <sup>1</sup> Opera       | ator name ar                             |                                       | ······································ |                                     |                      |   | OGRID Number           | <u> </u>                              |  |
| MOBIL PROD                               |  |                          |  |                                       |  | 015144                              |                      |   |                        |                                       |  |
|  | C. AS AGEN                                 | T FOR MPTM               |  |                                       | <sup>3</sup> Re                        | <sup>3</sup> Reason for Filing Code |                      |   |                        |                                       |  |
| P.O. BOX 6                               |  |                          |  |                                       |  |                                     | DRRECT PROPERTY CODE |   |                        |                                       |  |
| 4 API Number                             |  |                          |  |                                       | 5 Pool Name                            |                                     |                      |   | <sup>6</sup> Pool Code |                                       |  |
|  | 25-0212                                    | 2                        | VACUUM BLINEBRY                          |                                       |  |                                     |                      | •   | 61850                  |                                       |  |
|  | perty Code<br><b>08015</b>                 |                          | 8 Property Name                          |                                       |  |                                     |                      |   | 9 Well Number          |                                       |  |
|  |  |                          | BRIDGES STATE                            |                                       |  |                                     |                      |   | 027                    |                                       |  |
| UL or lot no.                            | Section                                    | Location                 |  | 1                                     |  |                                     |                      |   |                        |                                       |  |
| H  | 26   | 17-S                     | Range<br>34-E                            | Lot. Idn                              | Feet from the                          | North/S                             | South Line           | Feet from the                               | East/West line         | County                                |  |
|  | 1  | ľ                        | —  | اــــــــــــــــــــــــــــــــــــ | 7700                                   | 1                                   |                      | 660   | 18                     | LEA                                   |  |
| UL or lot no.                            | Section                                    | Hole Loca                | Range                                    | Lot. Idn                              | Feet from the                          | 1 32                                |                      |   |                        |                                       |  |
|  |  | Township                 |  |                                       | Feet from the North/South              |                                     | South Line           | Feet from the                               | East/West line         | County                                |  |
| 12 Lse Code                              | 13 Producir                                | ng Method Code           |  |                                       | 15 C-129 Pe                            | rmit Number 16                      |                      | <sup>6</sup> C-129 Effective                | Date 17.0 1            | 20 7                                  |  |
| \$                                       |  | P                        | 1  |                                       |  |                                     |                      | o 125 Enocavo                               | Dato C-                | 29 Expiration Date                    |  |
| III. Oil and                             | d Gas Tr                                   | ansporter                | S  |                                       | - 4                                    |                                     |                      |   |                        |                                       |  |
| 18 Transporter<br>OGRID                  | 19 Transp                                  | 19 Transporter Name      |  |                                       | 20 POD 21 O/G                          |                                     |                      | 22 POD ULSTR Location                       |                        |                                       |  |
|  |  |                          | Address                                  |                                       |  |                                     |                      | and Description                             |                        |                                       |  |
| 015126                                   |  | IL PIPELINE              | co.                                      |                                       | 1937                                   | 010                                 | 0                    |   |                        |                                       |  |
|  |  | ). BOX 900<br>LAS, TEXAS | 75221                                    |                                       |  |                                     |                      |   |                        |                                       |  |
| 009171                                   | GPM  |                          | 70221                                    |                                       | 1027/                                  | 220                                 |                      | ······································      |                        | · · · · · · · · · · · · · · · · · · · |  |
| N. Salana                                |  | 4001 PENBROOK            |  |                                       |  | 1937030 G                           |                      |   |                        |                                       |  |
| december 1                               | ODE  | SSA, TEXAS               | 79762                                    |                                       |  |                                     | ti e                 |   |                        |                                       |  |
|  |  |                          |  |                                       |  |                                     |                      |   |                        |                                       |  |
|  |  |                          |  |                                       |  | ا                                   |                      |   |                        |                                       |  |
|  |  |                          |  |                                       |  |                                     |                      | · · · · · · · · · · · · · · · · · · ·       |                        |                                       |  |
|  |  |                          |  |                                       |  | \$ .                                |                      | •   |                        |                                       |  |
| Station and                              |  |                          | <del></del>                              |                                       |  |                                     |                      |   |                        |                                       |  |
| V. Produce                               | ed Wate                                    | r                        | <del> </del>                             |                                       | 24 202 24 2                            |                                     |                      |   |                        |                                       |  |
| 100                                      |  |                          |  |                                       | 24 POD ULS                             | FR Location                         | n and Desc           | ription                                     |                        |                                       |  |
| Well Co.                                 |  | - D-4-                   |  |                                       |  |                                     |                      |   |                        |                                       |  |
| V. Well Co                               | •<br>mbietioi                              | 1 Data  26 Rea           | dy Date                                  | · · · · · · · · · · · · · · · · · · · | 27 TD                                  |                                     | 30                   |   |                        |                                       |  |
|  |  | ****                     | , 24.0                                   |                                       | 27 1D 28 ]                             |                                     |                      | PBTD  | PBTD 29 Perforations   |                                       |  |
| <sup>30</sup> Hole Sie                   |  |                          | 31 Casing d                              | & Tubing Size                         |  | 32 Depth Set                        |                      | 33 Sacks Cement                             |                        | nent                                  |  |
|  | -  |                          |  |                                       |  | ·                                   |                      |   | Sucks Co.              | nent                                  |  |
|  |  |                          |  |                                       |  | <del></del>                         |                      |   | ·                      |                                       |  |
| <del></del>                              | <del></del>                                |                          |  |                                       |  |                                     |                      |   |                        | · · · · · · · · · · · · · · · · · · · |  |
|  | ·  |                          |  |                                       |  |                                     |                      |   |                        |                                       |  |
| T  | . 5  |                          | ·  |                                       |  |                                     |                      |   |                        |                                       |  |
| I. Well Tes  34 Date New Oil             |  | Gas Dalivary De          |  | 36 T D .                              | 47                                     |                                     |                      |   |                        |                                       |  |
| Duto 110W Off                            |  | 35 Gas Delivery Date     |  | <sup>36</sup> Test Date               | 37 Te                                  | 37 Test Length 38                   |                      | B Tbg. Pressure                             | <sup>39</sup> Cs       | 39 Csg. Pressure                      |  |
| <sup>40</sup> Choke Size                 |  | <sup>41</sup> Oil        |  | 42 Water                              |  | 43 Gas                              |                      |   |                        | 45 Test Method                        |  |
| Choke Size                               |  |                          |  |                                       |  |                                     |                      | <sup>44</sup> AOF                           | <sup>45</sup> Tes      |                                       |  |
|  |  |                          |  |                                       |  |                                     |                      |   |                        |                                       |  |
| I hereby certify the mplied with and the | at the inform                              | nation given aho         | ervation Div                             | ision have been                       |  | OIL                                 | CONSE                | RVATION DI                                  | VISION                 |                                       |  |
| best of my knowl                         | edge and be                                | lief.                    |  |                                       | Approved by                            |                                     |                      |   |                        |                                       |  |
| rinted name:                             | Non  | Horry                    | <b>√&gt;</b>                             |                                       |  | - 0/110                             | DISTR                | RNED BY CHA!<br>I <mark>CT I-SUPERVI</mark> | S WILLIAMS             |                                       |  |
| SHIRLEY HOUG                             | HINS                                       |                          |  |                                       | Title:                                 |                                     |                      | · OUFERVI                                   | SUR                    |                                       |  |
| itle:<br>NVIRONMENTA                     | N & PEC                                    | II ATODY TO              |  |                                       | Approval Da                            | te:                                 | 1 4 .                | F   |                        |                                       |  |
| ate:                                     | NVIRONMENTAL & REGULATORY Tale: OF CO. CT. |                          |  |                                       | <u> </u>                               | 3. 24 LT                            |                      |   |                        |                                       |  |
| 06-20-97                                 |  |                          | (915) 68                                 |                                       | <u>L</u>                               |                                     |                      |   |                        |                                       |  |
| If this is a change                      | of operator                                | fill in the OGRI         | ID number a                              | and name of the                       | previous operato                       | r                                   |                      |   |                        |                                       |  |
|  | Previous                                   | Operator Signa           | ture                                     |                                       | P-1 1                                  | N-                                  |                      |   |                        |                                       |  |
|  |  | Printed Name             |  |                                       |  | Title Date                          |                      |   |                        |                                       |  |

Date