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SANTA FE	<u> </u>	
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	

	SANTA FE FILE U.S.G.S. LAND OFFICE	REQUES	L CONSERVATION COMMISSION ST FOR ALLOWABLE AND RANSPORT OIL AND NATURAL	Form C-104 Supersedes Old C-104 and C-1 Effective 1-1-65 GAS		
1.	TRANSPORTER OIL 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)	Other (Please explain)			
	Recompletion Change in Ownership		Corporation.	rator name from Mobil Oil re Date: 1-1-1980)		
	If change of ownership give name and address of previous owner	•				
11.	DESCRIPTION OF WELL AN	D LEASE Well No. Pool Name, Including				
	Bridges State	07	Blinebry State, Feder	Lease No.		
	Location Unit Letter H 6		Line and 1980 Feet From	State B-1520		
		Township 17-S Range	Feet From			
III.		RTER OF OIL AND NATURAL O	,	Lea County		
	Name of Authorized Transporter of	Oil XX or Condensate	JAS Address (Give address to which appro	outd copy of this form is to be sent!		
	Mobil Pipeline Co	Casinghead Gas Tr	Boy 900 Dalles TV 75	001		
	Phillips Petroleum Co	GPM Gas Corporation EFFECT	IVE: February 1992 Frank Phillips Bldg, Ba	oved copy of this form is to be sent) artlesville. OK 74004		
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. H 26 17-S 34-	is gas actually connected?	nen		
IV.	If this production is commingled COMPLETION DATA	with that from any other lease or poo	1, give commingling order number:	PLC-37		
	Designate Type of Comple	tion - (X) Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'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			Depth Casing Shoe		
		TUBING, CASING, AN	ND CEMENTING RECORD			
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
ļ						
	TEST DATA AND REQUEST I	FOR ALLOWABLE (Test must be able for this a	after recovery of total volume of load oil lepth or be for full 24 hours)	and must be equal to or exceed top allow-		
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas li	(t, etc.)		
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
-	Actual Prod. During Test	Oil-Bhis.	Water - Bbls.	Gas - MCF		
·-	GAS WELL	1. 1				
ſ	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate		
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
1. (CERTIFICATE OF COMPLIAN	NCE		TION 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. Resulting		Orig. Signed F				
		TITLE Dist 1, Supp.				
		. •	This form is to be filed in c			
		If this is a request for allowable for a newly drilled or despened				
	(Signature) () Authorized Agent		well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.			
-		d Agent itle)	All sections of this form must be filled out completely for allowable on new and recompleted wells.			
	October 31, 1979 (Date)		Fill out only Sections I, II.	III, and VI for changes of owner, or, or other such change of condition.		
	10.	,	II			

well name or number, or transporter, or other such changes of condition.

Separate Forms C-104 must be filed for each pool in multiply