	NO. OF COPIES RECEIVED					
	DISTRIBUTION SANTA FE		FOR ALLOWABLE	Form C-104 Supersedes Old C-104 and C-11		
	FILE		AND	Effective 1-1-65		
	U.S.G.S.	AUTHORIZATION TO TRA	ANSPORT OIL AND NATURAL GA	S		
	IRANSPORTER OIL		112			
	OPERATOR					
I.	PRORATION OFFICE	l	·			
	Mobil Oil Corpo	Midland, Texas, 1				
	P.O. BOX 633 Reason(s) for filing (Check proper box	Midland, Texas, 7	9701 Other (Please explain)			
	New Well Recompletion	Change in Transporter of: Oil Dry Go Casinghead Gas Conder	Temporarily ab	andoned Well Production, and		
	If change of ownership give name and address of previous owner		<u> </u>			
П.	DESCRIPTION OF WELL AND	LEASE				
	Lease Name	Well No. Pool Name, Including F		Fee State B-1520		
	Bridges State	28 Vacuum (G	<u>SA</u>)	ree State B-1520		
	Unit Letter;66	<u>D</u> Feet From The <u>North</u> Lir	ne and <u>660</u> Feet From The	West		
	Line of Section 26 To	wnship 17-5 Range 3	4-E, NMPM, L	Ca County		
III.	DESIGNATION OF TRANSPOR'	TER OF OIL AND NATURAL GA	Address (Give address to which approved	copy of this form is to be sent)		
	Mobil Pipe Line Co. Name of Authorized Transporter of Car	singhead Gas 🔀 or Dry Gas 🚞	Bax 1073 Midland 7 Address (Give address to which approved	EXAS copy of this form is to be sent)		
	Phillips Petroleum C		Box 2105 Hobbs New 1 Is gas actually connected? When	Mexico		
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	is gas actually connected? When			
IV.	If this production is commingled wi COMPLETION DATA	th that from any other lease or pool,				
	Designate Type of Completio	on - (X)	New Well Workover Deepen F	Plug Back Same Res'v, Diff. Res'v.		
	Date Spudded	Date Compl. Ready to Prod.	Total Depth I	P.B.T.D.		
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Fubing Depth		
	Perforations		1	Depth Casing Shoe		
		TUBING, CASING, ANI	D CEMENTING RECORD			
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
		-				
		· · · · · · · · · · · · · · · · · · ·				
ν.	TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allow able for this depth or be for full 24 hours) OIL WELL Date of Test Date First New Oil Run To Tanks Date of Test					
	Date First New Oil Run To Tanks	Date of Test 4-29-68	Producing Method (Flow, pump, gas lift, Pump	etc.)		
	Length of Test	Tubing Pressure		Choke Size		
	24 Hour Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas - MCF		
		6		3		
	GAS WELL			ж ^{. *} .		
	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		
VI.	CERTIFICATE OF COMPLIAN	CE	OIL CONSERVAT			
	Commission have been complied v	regulations of the Oil Conservation with and that the information given best of my knowledge and belief.	APPROVED	, 19		
				/		
	Camilla		This form is to be filed in con			
	(Sign	ature)	If this is a request for allowab well, this form must be accompanie tests taken on the well in accorda	le for a newly drilled or deepened to by a tabulation of the deviation nce with RULE 111.		
,	Authorized Agen	<u>/</u> (le)	11	be filled out completely for allow-		
	5-2-18		11	III and VI for changes of owner.		

(Date)

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 completed wells.

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