

NEW MEXICO OIL CONSERVATION COMMISSION  
SANTA FE, NEW MEXICO  
APPLICATION FOR MULTIPLE COMPLETION

Form C-107  
5-1-61

Operator <b>MOBIL OIL CORPORATION</b>		County <b>Lea</b>	Date <b>2-2-68</b>
Address <b>Box 633, Midland, Texas 79701</b>		Lease <b>Bridges State</b>	Well No. <b>98</b>
Location of Well <b>"J"</b>	Unit <b>26</b>	Section <b>26</b>	Township <b>17-S</b>
		Range <b>34-E</b>	

1. Has the New Mexico Oil Conservation Commission heretofore authorized the multiple completion of a well in these same pools or in the same zones within one mile of the subject well? YES ☒ NO ☐  
2. If answer is yes, identify one such instance: Order No. R-2481; Operator Lease, and Well No. Mobil Oil Corporation Bridges State Well #96

3. The following facts are submitted:	Upper Zone	Intermediate Zone	Lower Zone
a. Name of Pool and Formation	<u>Vacuum North Abo</u>	<u>Vacuum Wolfcamp</u>	<u>Vacuum Lower Penn.</u>
b. Top and Bottom of Pay Section (Perforations)	<u>8414-8558</u>	<u>9995-10119</u>	<u>11468-11505</u>
c. Type of production (Oil or Gas)	<u>Oil</u>	<u>Oil</u>	<u>Oil</u>
d. Method of Production (Flowing or Artificial Lift)	<u>Flowing</u>	<u>Flowing</u>	<u>Flowing</u>

4. The following are attached. (Please check YES or NO)

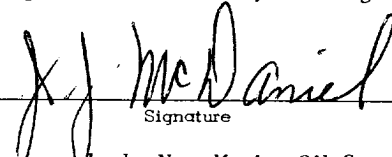
Yes	No	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	a. Diagrammatic Sketch of the Multiple Completion, showing all casing strings, including diameters and setting depths, centralizers and/or turbolizers and location thereof, quantities used and top of cement, perforated intervals, tubing strings, including diameters and setting depth, location and type of packers and side door chokes, and such other information as may be pertinent.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	b. Plat showing the location of all wells on applicant's lease, all offset wells on offset leases, and the names and addresses of operators of all leases offsetting applicant's lease.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	c. Waivers consenting to such multiple completion from each offset operator, or in lieu thereof, evidence that said offset operators have been furnished copies of the application.*
<input checked="" type="checkbox"/>	<input type="checkbox"/>	d. Electrical log of the well or other acceptable log with tops and bottoms of producing zones and intervals of perforation indicated thereon. (If such log is not available at the time application is filed it shall be submitted as provided by Rule 112-A.)

5. List all offset operators to the lease on which this well is located together with their correct mailing address.

<u>Continental Oil Company</u>	<u>Amerada Petroleum Corp.</u>	<u>Texaco, Inc.</u>
<u>Box 460</u>	<u>Broadmoor Building</u>	<u>P. O. Box 728</u>
<u>Hobbs, New Mexico</u>	<u>Hobbs, New Mexico</u>	<u>Hobbs, New Mexico</u>
<u>Shell Oil Co.</u>	<u>Marathon Oil Company</u>	<u>Tidewater Oil Company</u>
<u>721 W. Bender Blvd.</u>	<u>P. O. Box 220</u>	<u>P. O. Box 249</u>
<u>Hobbs, New Mexico</u>	<u>Hobbs, New Mexico</u>	<u>Hobbs, New Mexico</u>
<u>Sinclair Oil &amp; Gas Co.</u>	<u>Phillips Petroleum Company</u>	
<u>P. O. Box 1470</u>	<u>P. O. Box 2130</u>	
<u>Midland, Texas</u>	<u>Hobbs, New Mexico</u>	

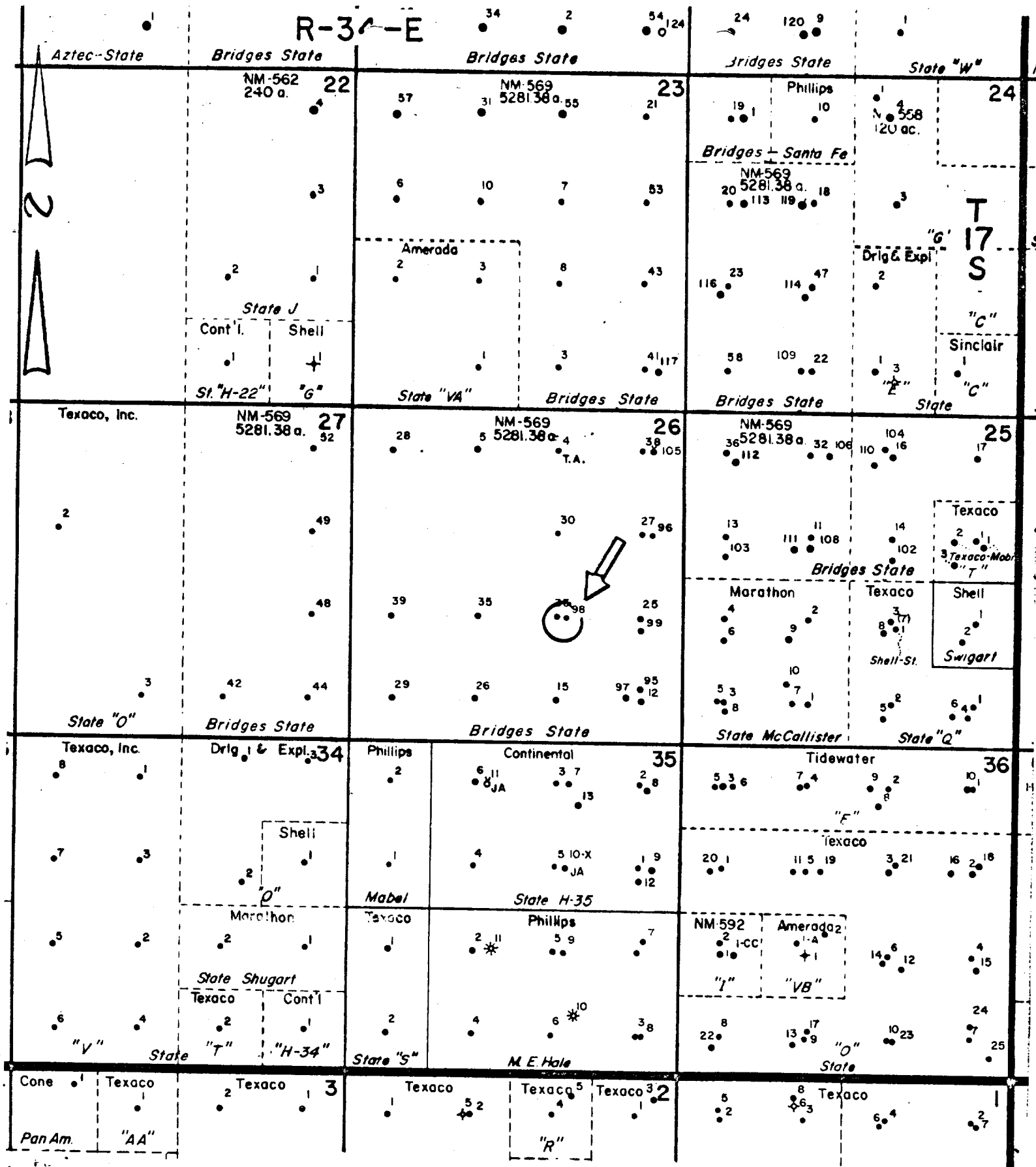
6. Were all operators listed in Item 5 above notified and furnished a copy of this application? YES ☒ NO ☐ . If answer is yes, give date of such notification 2-5-68.

CERTIFICATE: I, the undersigned, state that I am the Authorized Agent of the Mobil Oil Corporation (company), and that I am authorized by said company to make this report; and that this report was prepared under my supervision and direction and that the facts stated therein are true, correct and complete to the best of my knowledge.

  
Signature

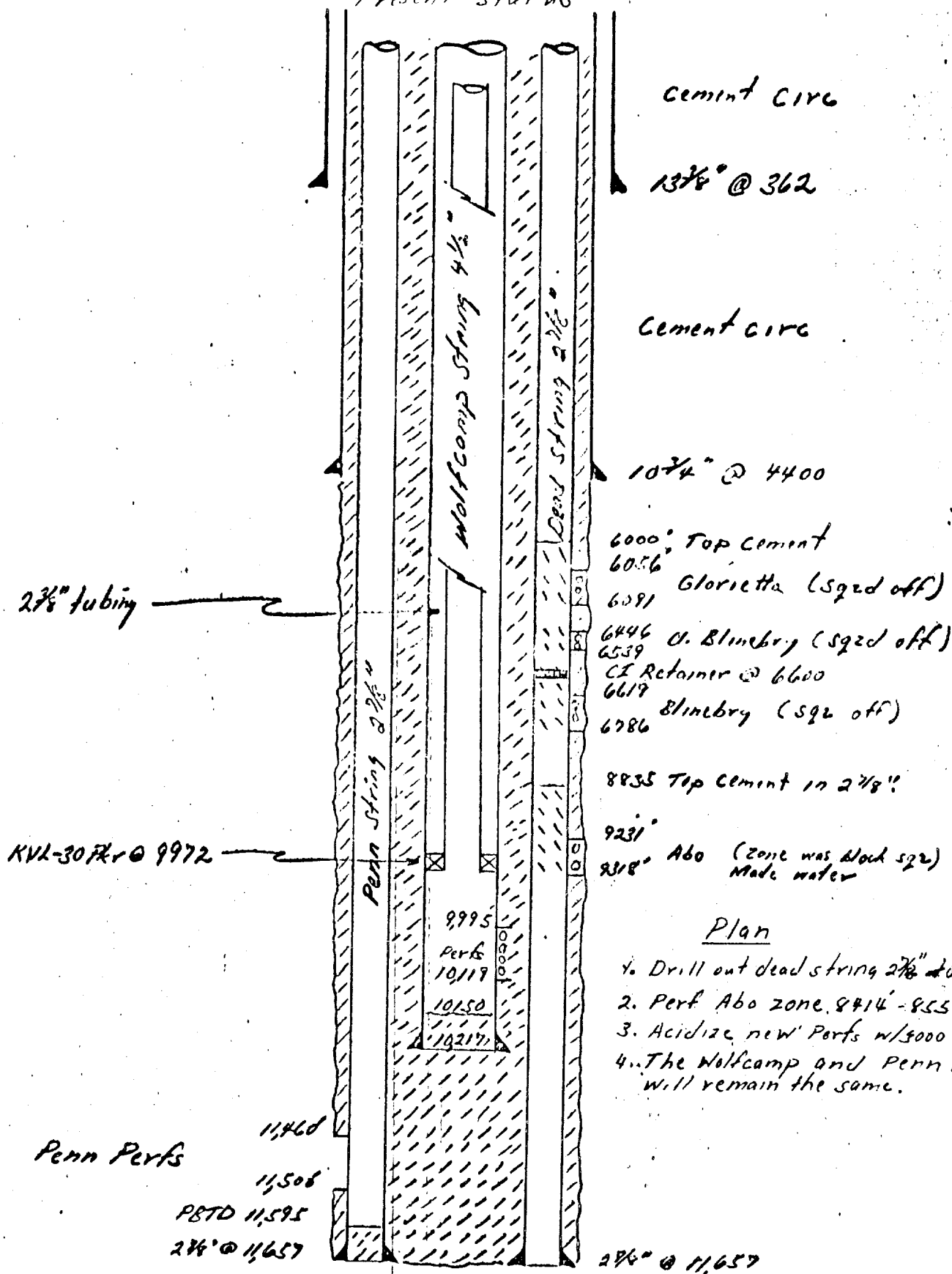
\*Should waivers from all offset operators not accompany an application for administrative approval, the New Mexico Oil Conservation Commission will hold the application for a period of twenty (20) days from date of receipt by the Commission's Santa Fe office. If, after said twenty-day period, no protest nor request for hearing is received by the Santa Fe office, the application will then be processed.

NOTE: If the proposed multiple completion will result in an unorthodox well location and/or a non-standard proration unit in one or more of the producing zones, then separate application for approval of the same should be filed simultaneously with this application.



# Bridges State #98

Present status



## Plan

1. Drill out dead string 2 7/8" to 8600'
2. Perf Abo zone 8414' - 8558'
3. Acidize new Perfs w/3000 gal acid
4. The Wolfcamp and Penn completions will remain the same.

JWC 11-8-67

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LAND OFFICE		
OPERATOR		

# NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103  
Supersedes Old  
C-102 and C-103  
Effective 1-1-65

5a. Indicate Type of Lease	
State <input checked="" type="checkbox"/>	Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. <b>B-1520</b>	

## SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		7. Unit Agreement Name
2. Name of Operator <b>Mobil Oil Corporation</b>		8. Farm or Lease Name <b>Bridges State</b>
3. Address of Operator <b>P.O. Box 633, Midland, Texas</b>		9. Well No. <b>98</b>
4. Location of Well UNIT LETTER <b>J</b> <b>1980</b> FEET FROM THE <b>West</b> LINE AND <b>1980</b> FEET FROM THE <b>North</b> LINE, SECTION <b>26</b> TOWNSHIP <b>17S</b> RANGE <b>34E</b> NMPM.		10. Field and Name of Wildcat <b>Vacuum Wolfcamp</b> <b>Vacuum Lower Penn.</b>
15. Elevation (Show whether DF, RT, GR, etc.) <b>4017 Gr.</b>		12. County <b>Lea</b>

### Check Appropriate Box To Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK <input checked="" type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>

### SUBSEQUENT REPORT OF:

REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER <input type="checkbox"/>

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

**Bridges State # 98 This Well is Dual at This Time in Vacuum Lower Penn & Vacuum Wolfcamp, It has A Dead String of 2-7/8" Tubing in is with the Glorieta Squeezed Off. We Want to Complete in the Vacuum No. Abo and Make a Triple out of it.**

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED *J. J. McDaniel*

TITLE Authorized Agent

DATE 2-2-68

APPROVED BY *John W. Runyan*

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

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TRANSPORTER	OIL
	GAS
PRORATION OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION SANTA FE, NEW MEXICO <b>CERTIFICATE OF COMPLIANCE AND AUTHORIZATION</b> <b>TO TRANSPORT OIL AND NATURAL GAS</b> APR 16 10 45 AM '64	<b>FORM C-110</b> (Rev. 7-60)
FILE THE ORIGINAL AND 4 COPIES WITH THE APPROPRIATE OFFICE	

Company or Operator <b>Socony Mobil Oil Company, Inc.</b>				Lease <b>State Bridges State</b>		Well No. <b>98</b>	
Unit Letter <b>J</b>	Section <b>26</b>	Township <b>17 S</b>	Range <b>34 E</b>	County <b>Lea</b>			
Pool <b>Vacuum Lower-Pennsylvanian</b>				Kind of Lease (State, Fed, Fee) <b>State</b>			
If well produces oil or condensate give location of tanks			Unit Letter <b>NE/4</b>	Section <b>26</b>	Township <b>17 S</b>	Range <b>34 E</b>	

Authorized transporter of oil <input checked="" type="checkbox"/> or condensate <input type="checkbox"/>  <b>Magnolia Pipe Line Company</b>	Address (give address to which approved copy of this form is to be sent)  <b>Box 900, Dallas 21, Texas</b>
Is Gas Actually Connected? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

Authorized transporter of casing head gas <input checked="" type="checkbox"/> or dry gas <input type="checkbox"/>  <b>Phillips Petroleum Company</b>	Date Connected <b>12/16/63</b>	Address (give address to which approved copy of this form is to be sent)  <b>Box 2105, Hobbs, New Mexico</b>
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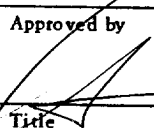
If gas is not being sold, give reasons and also explain its present disposition:

<b>REASON(S) FOR FILING (please check proper box)</b>	
New Well ..... <input type="checkbox"/> Change in Transporter (check one) Oil ..... <input type="checkbox"/> Dry Gas ..... <input type="checkbox"/> Casing head gas . <input type="checkbox"/> Condensate.. <input type="checkbox"/>	Change in Ownership ..... <input type="checkbox"/> Other (explain below) <input checked="" type="checkbox"/>  Change in Pool designation
Effective May 18, 1966, Socony Mobil Oil Company, Inc. P. O. Box 1800, Hobbs, New Mexico, changed to Mobil Oil Corporation, P. O. Box 633, Midland, Texas.	

Remarks

The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.

Executed this the 15th day of April, 1964.

<b>OIL CONSERVATION COMMISSION</b>		By 	
Approved by 		Title <b>Group Supervisor</b>	
Title <b>Engineer</b>		Company <b>Socony Mobil Oil Company, Inc.</b>	
Date <b>16 1964</b>		Address <b>Box 1800, Hobbs, New Mexico</b>	

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TRANSPORTER	OIL
	GAS
PRORATION OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION SANTA FE, NEW MEXICO <b>CERTIFICATE OF COMPLIANCE AND AUTHORIZATION          TO TRANSPORT OIL AND NATURAL GAS</b>	<b>FORM C-110</b> (Rev. 7-60)
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FILE THE ORIGINAL AND 4 COPIES WITH THE APPROPRIATE OFFICE **MAR 27 1964**

Company or Operator <b>Socony Mobil Oil Company, Inc.</b>				Lease <b>State Bridges</b>		Well No. <b>98</b>	
Unit Letter <b>J</b>	Section <b>26</b>	Township <b>17 S</b>	Range <b>34 E</b>	County <b>Lea</b>			
Pool <b>Vacuum-Pennsylvanian</b>				Kind of Lease (State, Fed, Fee) <b>State</b>			
If well produces oil or condensate give location of tanks			Unit Letter <b>NE/4</b>	Section <b>26</b>	Township <b>17 S</b>	Range <b>34 E</b>	
Authorized transporter of oil <input checked="" type="checkbox"/> or condensate <input type="checkbox"/>  <b>Magnolia Pipe Line Company</b>				Address (give address to which approved copy of this form is to be sent)  <b>Box 900, Dallas 21, Texas</b>			
Is Gas Actually Connected? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
Authorized transporter of casing head gas <input checked="" type="checkbox"/> or dry gas <input type="checkbox"/>			Date Con- nected <b>12/16/63</b>	Address (give address to which approved copy of this form is to be sent)  <b>Box 2105, Hobbs, New Mexico</b>			
Phillips Petroleum Company							

If gas is not being sold, give reasons and also explain its present disposition:

**REASON(S) FOR FILING** (please check proper box)


New Well ..... ☐      Change in Ownership ..... ☐  
 Change in Transporter (check one)      Other (explain below) ☒  
   Oil ..... ☐    Dry Gas .... ☐  
   Casing head gas . ☐    Condensate . . ☐

**Remarks**

**This C-110 is filed to show correct pool designation.**

The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.

Executed this the **2nd** day of **March**, 1964.

OIL CONSERVATION COMMISSION		By
Approved by		Title
Title		<b>Group Supervisor</b>
Date	Company <b>Socony Mobil Oil Company, Inc.</b>	
	Address <b>Box 1800, Hobbs, New Mexico</b>	