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	SANTA FE		Π					
	FILE							
	U.S.G.S.							
	LAND OFFICE							
	IRANSPORTER	ة						
		GAS						
	OPERATOR							
	PRORATION OFF							
	Operator Mobil Producing Texa							
	Address 9 Greenway Plaza, Su							
	Reason(s) for Itling (Check proper box							

NEW MEXICO OIL CONSERVATION COMMI

10

	SANTA FE	REQUEST FOR ALLOWABLE			Supersedes Ol	Supersedes Old C-104 and C-1			
	U.S.G.S.	AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS				Effective 1-1-6	55		
	LAND OFFICE	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS							
	TRANSPORTER GAS	4							
	OPERATOR	1				•			
I.	PRORATION OFFICE								
	Mobil Producing Texas & New Mexico Inc.								
	9 Greenway Plaza, Suite 2700, Houston, TX 77046								
		Reason(s) for filing (Check proper box) Other (Please explain)							
	New We!l	Change in Transporter of: OIL Dry Gas Corporation. To change Operator name from Mobil Oil Corporation.							
	Change in Ownership Casinghead Gas Condensate (Effective Date: 1-1-1980)								
	If change of ownership give name and address of previous owner				-				
11.	DESCRIPTION OF WELL AND						-		
	Bridges St. Battery # 2	Well No. Pool Name, Inc	-		Kind of Lease State, Federal	5	B-1520		
	I comitee		her re	2120	1 3.3.3	State_	D-1320		
	Unit Letter B 760 520 Feet From The North Line and 1980 Feet From The East								
	Line of Section 25 Tow	waship 17-S Ra	inge	34-E , NMPN	1,	Lea	County		
III.	DESIGNATION OF TRANSPORT	TER OF OIL AND NATUR	RAL GAS	S					
	Name of Authorized Transporter of Oil	or Condensate		Address (Give address	to which approv	ed copy of this form is t	o be sent)		
	Mobil Pipe Line Co Name of Authorized Transporter of Cas	singhead Gasty or Dry Gas	- Cres	Box 900 Da	11as TX	75221 ed copy of this form is t	o be senti		
	Phillips Petroleum Comp		-EFFE						
	If well produces oil or liquids,	Unit Sec. Twp.	P.ge.		ed? Whe	, Bartlesville	, OK 7.4004		
	If this production is commingled with that from any other lease or pool, give commingling order number: PC-297								
	COMPLETION DATA		s Well	New Well Workover	Deepen	PC-297 Plug Back Same Res	i'v. 'Diff. Resiv.		
	Designate Type of Completio	on = (X)	! !	i 1	1		 		
	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			1		Depth Casing Shoe			
	TUBING, CASING, AND CEMENTING RECORD								
	HOLE SIZE	CASING & TUBING SI		DEPTH S		SACKS CEN	MENT		
	11000								
							·· 		
v.	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 allowable for this depth or be for full 24 hours)								
	OII, WELL Date First New Cil Run To Tanks	Date of Test		Producing Method (Flow		i, eic.)			
	Length of Test	Tubing Pressure		Casing Pressure		Choke Size			
	Actual Prod. During Test	Oil-Bhis.		Water - Bbls.		Gas-MCF			
	···								
•	GAS WELL								
	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			
V1.	CERTIFICATE OF COMPLIANCE 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.		OIL (CONSERVA	TION COMMISSION	N			
			APPROVED DEC 5 1979 Orig. Signed 19 By Jorry Section		1919	19			
	moone te tide and combiete to the	wi who will all a sild	,	TITLE	Dist 1, Sup	v.			
	· ·			_	he filed in a	ompliance with wull	. 1104.		
	Robbine Stain		This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepene well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.			ed or deepened			
•	(Signaturely								
	Authorized Agent (Title)			All sections of this form must be filled out completely for allowable on new and recompleted wells.			rtely for allow-		
	October 31					iis. III, and VI for char	nges of owner,		

(Date)

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

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