NO. OF COPIES REC	Elveo	t	
DISTRIBUTION		†	Ī
SANTA FE			<del> </del>
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
SECRATION OFFICE			

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111.

JV.

DISTRIBUTION	NEW MEXICO OII	CONSERVATION COMMISSION			
SANTA FE		FOR ALLOWABLE  Supersedes Old C-104 and C-1			
FILE U.S.G.S.	<u> </u>	AND Effective 1-1-65			
LAND OFFICE	AUTHORIZATION TO TR	ANSPORT OIL AND NATURAL	GAS		
T OIL					
TRANSPORTER GAS					
OPERATOR					
PRORATION OFFICE			•		
Mobil Producing Texa	as & Note Morriso In-				
Address	is a New Mexico Inc.				
9 Greenway Plaza, Si	ite 2700, Houston, TX 7	77046			
Reason(s) for filing (Check proper ba		Other (Please explain)			
New We!1	Change in Transporter of:	To change Operator name from Mobil Oil			
Recompletion	Oil Dry G	corporation.			
Change in Ownership	Casinghead Gas Conde	ensate (Effective	e Date: 1-1-1980)		
If change of ownership give name					
and address of previous owner					
DESCRIPTION OF WELL AND	LEASE				
Lease Name	Well No. Pool Name, Including F	formation Kind of Leas	Lease No.		
Bridges State 🚒	106 Vacuum G	lorieta State, Federa	glorFee State		
Location	0				
Unit Letter C; 66	O Feet From The North Li	ne and 2310 Feet From	The West		
Line of Section 25 To	ownship 17-S Range	34-E , NMPM,	Lea		
	Tange	, мем,	Lea County		
DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA				
Name of Authorized Transporter of Or		Address (Give address to which appro			
Magnolia Pipe Line Com		Box 900, Dallas, TX 75			
Name of Authorized Transporter of Co	EFFECTIVE: Febru	Address (Give address to which appro	ved copy of this form is to be sent)		
Phillips Petroleum Com	Unit Sec. Twp. Pge.	Pddress (Give address to which appro Frank Phallips Bldg, Ba Is gas actually connected? Wh	artlesville, OK 74004		
If well produces oil or liquids, give location of tanks.	NE/4 26 17-S 34-E	Yes	4-28-65		
If this production is commingled w	ith that from any other lease or pool,	<del> </del>			
COMPLETION DATA		give comminging order number:	PC-297		
Designate Type of Completi	on - (X)	New Well Workover Deepen	Plug Back   Same Res'v. Diff. Res'v.		
Date Spudded					
Date Spagged	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		
	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2				
1101 5 6175		D CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
TEST DATA AND REQUEST F		fter recovery of total volume of load oil	and must be equal to or exceed top allow-		
OIL WELL Date First New Oil Run To Tanks	able for this de	pth or be for full 24 hours)			
Date First New Oil Aun 10 lanks	Date of lest	Producing Method (Flow, pump, gas lij	i, esc.)		
Length of Teet	Tubing Pressure	Casing Pressure	Choke Size		
•					
Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas-MCF		
GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate		
7.04 04 MO. , D		Bara. Condensates Mimor	Gravity of Congeniacie		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in )	Casing Pressure (Shut-in)	Choke Size		
ERTIFICATE OF COMPLIAN	CE	OIL CONSERVA	TION COMMISSION		
		DEC	0.4070		
Marcol desired met me takes and references of me one connectation il		3 1979			
Commission have been complied with and that the information given bove is true and complete to the best of my knowledge and belief.		II			
		Diet 1			
-					
Rulila	This form is to be filed in compliance with RULE 1104.  If this is a request for allowable for a newly drilled or deeper well, this form must be accompanied by a tabulation of the deviat				
(Siene	stwe)	If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation			
Authorized	1	tests taken on the well in accord	dance with RULE 111.		
	All sections of this form must be filled out comple (Title)  All sections of this form must be filled out comple able on new and recompleted wells.		its.		
October 31		Fill out only Sections I. II.	III. and VI for changes of owner,		
(Da	te)	well name or number, or transport	er, or other such change of condition.		

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

RECEIVED

NOV - 6 1979

O.C.D. HOBBS, OFFICE