## DISTRIBUTION

## HEW MEXICO OIL CONSERVATION COMMISSION

	JAMINEE	REQUEST	T FOR ALLOWABLE	Supersedes Old C-104 and C-1 Ellocitye 1-1-65
	FILE U.S.G.S.	AUTHORIZATION TO TR	AND RANSPORT OIL AND NATURAL	
	LAND OFFICE	-		
	IMANSPORTER GAS			,
	OPERATOR			
1	PRORATION OFFICE			
	Mobil Uil Corporation			
	P. O. Box 633, Midland, Texas 79701			
	Reason(s) for filing (Check proper box)  New Well  Change in Transporter of:  Change of lease name due to unitization.			
	Recompletion OII Dry Gas			
	Change in Ownership   Casinghead Gas   Condensate   Formerly Bridges State Lease.			
	If change of ownership give name and address of previous owner			
11	. DESCRIPTION OF WELL AND	Well No.; Pool Name, Including	1	
	North Vacuum Abo Uni	t 109 North Vacuum-A	Abo State, Feder	al or Fee State B-1520
	(	610 Feet From The South Li	ine and 1830 Feet From	The West
	24		34E , NMPM, Lea	County
				County
m.	DESIGNATION OF TRANSPOR	RTER OF OIL AND NATURAL G	AS Address (Give address to which appro	oved copy of this form is to be sent)
	Mobil Pipeline Co.		Box 900, Dallas, TX A	ttn: Don Kennedy
	Name of Authorized Transporter of Casinghead Gas (X) or Dry Gas Phillips Pet. Co.		Rm. B-2 Phillips Bldg.	
	If well produces oil or liquids,	Unit Sec. Twp. Pgs.	Is gas actually connected? Wr	nen
	give location of tanks.	' A ' 26 ' 17 ' 34		12-1-72
IV.	If this production is commingled with that from any other lease or pool, give commingling order number:  COMPLETION DATA  Oil Well   Gas Well   New Well   Workover   Deepen   Plug Back   Same Resty.   Diff. Resty.			
	Designate Type of Completi	ion - (X)	New Pell Workbyer Deepen	Find Date New Y. Dist. New Y.
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
	Elevations (DF, RKB, RT, CR, etc.,	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
	Perforations		<u> </u>	Depth Casing Shoe
	HOLE SIZE	CASING & TUBING SIZE	D CEMENTING RECORD DEPTH SET	SACKS CEMENT
V.	TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load all and must be equal to or exceed top allowable for this depth or be for full 24 hours)			
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas li	ft, etc.)
	Length of Test	Tubing Pressure	Cosing Pressure	Choke Size
	Actual Prod. During Test	Oil-Bhis.	Water - Bble.	Gae-MCF
				!
	GAS WELL			
	Actual Prod. Test-MCF/D	Length of Test	Bble. Condensate/MMCF	Gravity of Condensate
	Testing Method (pitot, back pr.)	Tubing Preseure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
			11	
VI.	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		1	TION COMMISSION  A 1072
			APPROVED	4 1972 . 19
	Commission have been compiled to the above is true and complete to the	e best of my knowledge and belief.	BY	Orig. Signed by Joe D. Ramey
			TITLE	Dist. I, Supv.
	1 AB 0	V D D1		compliance with RULE 1104,
•	A. D. Bond (Signature)		If this is a request for allowable for a newly drilled or deepends well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.	
	Proration Staff Assistant (Tile)		All sections of this form mus	it be filled out completely for allow-
	November 29, 1972		shie on new and recompleted wells.  Fill out only Sections I, II, III, and VI for changes of owner,	
	. (Da	nej	) t	be filed for each pool in multiply
			II complete to the complete to	

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