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LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

MAY 25 11 18 AM '66

I. OPERATOR

Operator
Mobil Oil Corporation, Formerly Socony Mobil Oil Company, Inc.

Address
P. O. Box 633, Midland, Texas - 79701

Reason(s) for filing (Check proper box)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:		Other (Please explain)	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>	Dry Gas	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>	Condensate	<input type="checkbox"/>

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Bridge	Well No. 109	Pool Name, including Formation No. 109 HC & Upper Penn.	Kind of Lease State, Federal or Fee	State State	Lease No. B-1520
Location Unit Letter N ; 1830 Feet From The West Line and 610 Feet From The South Line of Section 24 Township 17-S Range 34-E , NMPM, Lea County					

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Magnolia Pipe Line Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 900, Dallas, Texas				
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petroleum Company	Address (Give address to which approved copy of this form is to be sent) Phillips Building, Odessa, Texas				
If well produces oil or liquids, give location of tanks.	Unit B	Sec. 26	Twp. 17-S	Rge. 34-E	Is gas actually connected? Yes When 5-8-66

If this production is commingled with that from any other lease or pool, give commingling order number: **PC-100**

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 5:00 A.M. 1-19-66	Date Compl. Ready to Prod. 5-8-66		Total Depth 12,470		P.B.T.D. 10,276			
Elevations (DF, RKB, RT, GR, etc.) 4016 G.R.	Name of Producing Formation Upper Penn. (10,168-10,117)		Top Oil/Gas Pay 10,168		Tubing Depth 10,076			
Perforations 10,117, 19, 21, 23, 26, 28, 31, 35, 38, 42, 48, 50, 52, 54, 56, 61, 63, 65, 68/Jt. Shot/Internal (Total 20 Hole)					Depth Casing Shoe 10,366			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2"	13-3/8"		365'		350 Sax Incor. Neat Circ.			
12-1/4"	9-5/8"		4980'		3100 Sax Incor. Neat			
8-3/4"	7" Liner		10,079'		500 Sax Inferno Neat Light Wt.			

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(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)

Date First New Oil Run To Tanks May 8, 1966	Date of Test 5-8-66	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 Hours	Tubing Pressure 225#	Casing Pressure Packer	Choke Size 24/64"
Actual Prod. During Test 312	Oil - Bbls. 312	Water - Bbls. -0-	Gas - MCF 1,739

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

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 above is true and complete to the best of my knowledge and belief.

T. A. Payne

(Signature)

Authorized Agent

(Title)

May 20, 1966

(Date)

OIL CONSERVATION COMMISSION

APPROVED

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BY

TITLE

This form is to be filed in compliance with RULE 1104.

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 tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

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.