| 1 | 40. 07 COPIES RECI | EIVED | ļ | |
|----|---------------------|-------|-------------|----|
| | DISTRIBUTIO | - | | |
| | SANTA FE | | | |
| | FILE | | | |
| | U.S.G.S. | | | |
| | LAND OFFICE | | | |
| | TRANSPORTER | OIL | | |
| | THANSFORTER | GAS | | |
| | OPERATOR | | | |
| 1. | PRORATION OFFICE | | | |
| | Operator Mobil Prod | ucing | Te | xa |

| | SANTA FE | NEW MEXICO OIL CONSERVATION COMMI' W | | | Form C-104 | | | | | | | | | |
|--|--|---|---|---------------------------------------|---------------------------|------------------|--|------------|---------------------------------------|---|--|--|--|--|
| | FILE | REQUEST FOR ALLOWABLE Supersedes Old C-104 and Effective 1-1-65 | | | d C-104 and C-110 55 | | | | | | | | | |
| | U.S.G.S. | AUTHORIZATION TO TRA | | NATURAL C | :AS | | | | | | | | | |
| | LAND OFFICE | | AND ON TOIL AND | INDIONAL C | im) | | | | | | | | | |
| | TRANSPORTER OIL | | | | | | | | | | | | | |
| | GAS | 4 | | | | | | | | | | | | |
| | PROPATION OFFICE | 4 | | | | | | | | | | | | |
| I. | Operator | | | | | | | | | | | | | |
| | Mobil Producing Texas & New Mexico Inc. | | | | | | | | | | | | | |
| Address | | | | | | | | | | | | | | |
| | 9 Greenway Plaza, Suite 2700, Houston, TX 77046 | | | | | | | | | | | | | |
| | Reason(s) for filing (Check proper box) New Weil Change in Transporter of: To change Operation and Frank Weiling (Change in Transporter of: | | | | | | | | | | | | | |
| | To change operator name from Mobil Ul | | | | | | | | | | | | | |
| | Recompletion Oil Dry Gas Corporation. Change in Ownership Casinghead Gas Condensate (Effective Date: 1-1-1980) | | | | | | | | | | | | | |
| | | | | | Date: 1-1-19 | 80) | | | | | | | | |
| | If change of ownership give name and address of previous owner | | | | | | | | | | | | | |
| •• | DESCRIPTION OF WELL AND | | | | | · | | | | | | | | |
| 11. | DESCRIPTION OF WELL AND Lease Name | Well No. Pool Name, Including F | ormation | Kind of Lease | | Legse No. | | | | | | | | |
| | Bridges State Battery# 2 | 25 108 Vacuum Wo | lfcamp | State, Federal | or Foo State | B-1520 | | | | | | | | |
| | Location | | | | | -1 | | | | | | | | |
| | Unit Letter F : 2316 | Feet From The North Lin | ne and <u>1980</u> | Feet From T | he <u>West</u> | | | | | | | | | |
| | Line of Section 25 Tov | waship 17-S 34-Range | * ************************************ | , | | _ | | | | | | | | |
| | Line of Section 25 | ************************************** | <u>Lea</u> , имри | <u>!</u> | | County | | | | | | | | |
| II. | DESIGNATION OF TRANSPORT | TER OF OIL AND NATURAL GA | | | | | | | | | | | | |
| | Name of Authorized Transporter of Oil | | Address (Give address | to which approv | ed copy of this form is t | o be sent) | | | | | | | | |
| | Mobil Pipe Line Company Name of Authorized Transporter of Cas | | Box 900 Da. | llas, TX | 75221 | | | | | | | | | |
| | | | CTIVE: February 1, | 1992 | ea copy of this form is t | o be sent) | | | | | | | | |
| | Phillips Petroleum Comp | Unit Sec. Twp. Pge. | Frank Phil is gas actually connected | lips Bldg ed? Whe | <u>, Bartlesville</u> | , OK 74004 | | | | | | | | |
| | give location of tanks. | NE/4 26 17-S 34-E | Yes | <u> </u> | | | | | | | | | | |
| | If this production is commingled wit | th that from any other lease or pool, | give commingling order | number: | PC-297 | | | | | | | | | |
| | COMPLETION DATA | Oil Well Gas Well | New Well Workover | Deepen | | In Total Books | | | | | | | | |
| | Designate Type of Completion | | idem well adirbaet | l I | Plug Back Same Res | Julia Heary | | | | | | | | |
| | Date Spudded | Date Compl. Ready to Prod. | Total Depth | <u> </u> | P.B.T.D. | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | Elevations (DF, RKB, RT, GR, etc., | Name of Producing Formation | Top Oil/Gas Pay | - | Tubing Depth | | | | | | | | | |
| | Perforations | | | | Depth Casing Shoe | | | | | | | | | |
| | Pariordia | | | | John Garan, Gines | | | | | | | | | |
| | | TUBING, CASING, AND | CEMENTING RECOR | D | L | | | | | | | | | |
| | | | | | | IENT | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| v. | TEST DATA AND REQUEST FO | OR ALLOWABLE (Test must be a | fter recovery of total volu | me of load oil a | ind must be equal to or e | sceed top allow- | | | | | | | | |
| | OIL WELL Date First New Oil Run To Tanks | able for this de | pth or be for full 24 hours Producing Method (Flow |) | | | | | | | | | | |
| | Date First New Oil Run To Lanks | Date of Yest | Producing Method (From | , pamp, gas wi | , 410.7 | | | | | | | | | |
| | Length of Test | Tubing Pressure | Casing Pressure | | Choke Size | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | Actual Prod. During Test | Oil-Bbla. | Water-Bbis. | | Gas-MCF | | | | | | | | | |
| 1 | | | <u> </u> | , | 1 | | | | | | | | | |
| | GAS WELL | | | | | | | | | | | | | |
| [| Actual Prod. Test-MCF/D | Length of Test | Bbls. Condensate/MMC | • | Gravity of Condensate | | | | | | | | | |
| | | | | · · · · · · · · · · · · · · · · · · · | | | | | | | | | | |
| | Testing Method (pitot, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut- | -1 n) | Choke Size | | | | | | | | | |
| . l | OCCUPATION OF COMPLIANCE | | 011 6 | CONSERVA | TION COMMISSION | | | | | | | | | |
| 1. | CERTIFICATE OF COMPLIANC | | [] | | | | | | | | | | | |
| 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. | | | APPROVED | | | | | | | | | | | |
| | | | BYSigned by | | | | | | | | | | | |
| | | | TITLE Net 2, Super | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| Rabble Jay (Signature) Authorized Agent (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. | | | | | | | | | | | |
| | | | | | | | | October 31 | | 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. | | | | |
| | | | | | | | | (Da | ie, | | Separate Forms C-104 must be filed for each pool in multiply | | | |
| | | | | | | | | | · · · · · · · · · · · · · · · · · · · | | | | | |