

DISTRIBUTION	
SANTEE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

REQUEST FOR ALLOWABLE

AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

**I. OPERATOR**

Operator: Mobil Oil Corporation

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

Reason(s) for filing (Check proper box):  
 New Well  Change in Transporter of:  
 Recompletion  Oil  Dry Gas   
 Change in Ownership  Casinghead Gas  Condensate

Other (Please explain):  
 Change of lease name due to unitization.  
 Formerly Bridges State Lease.

If change of ownership give name and address of previous owner \_\_\_\_\_

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name North Vacuum Abo Unit	Well No. 112	Pool Name, Including Formation North Vacuum-Abo	Kind of Lease State, Federal or Fee State	Lease No. B-1520
Location Unit Letter <u>D</u> : <u>660</u> Feet From The <u>North</u> Line and <u>860</u> Feet From The <u>West</u> Line of Section <u>25</u> Township <u>17S</u> Range <u>34E</u> , 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"/> Mobil Pipeline CO.	Address (Give address to which approved copy of this form is to be sent) Box 900, Dallas, TX Attn: Don Kennedy
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Pet. Co.	Address (Give address to which approved copy of this form is to be sent) Rm. B-2 Phillips Bldg., Odessa, TX
If well produces oil or liquids, give location of tanks. Unit: <u>A</u> Sec.: <u>26</u> Twp.: <u>17</u> Rge.: <u>34</u>	Is gas actually connected? <u>Yes</u> When: <u>12-1-72</u>

If this production is commingled with that from any other lease or pool, give commingling order number: \_\_\_\_\_

**V. COMPLETION DATA**

Designate Type of Completion - (X)  Oil Well  Gas Well  New well  Workover  Deepen  Plug Back  Same Resrv.  Diff. Resrv.

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.S.T.D.
Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Perforations	Depth Casing Shoe		

**TUBING, CASING, AND CEMENTING RECORD**

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

**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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	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	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, 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.

A. D. Bond A. D. Bond  
(Signature)  
Proration Staff Assistant  
(Title)  
November 29, 1972  
(Date)

OIL CONSERVATION COMMISSION

APPROVED DEC 4 1972, 19\_\_\_\_

BY Joe D. Ramey  
Orig. Signed by  
Dist. I, Supv.

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 deviator 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.