	NO. OF COPIES RECEIVED										
	DISTRIBUTION		CONSERVATION COMMIS	SIC Form C-104							
	SANTA FE	1	T FÓR ALLOWABLE			ld C-104 and C-11					
	FILE		AND	. 3, 0.	Effective 1-1-	-65					
	U.S.G.S.	AUTHORIZATION TO TE		ATURAL GAS							
	LAND OFFICE	- Nothiokization to the	Ja. 12 11 11								
	TRANSPORTER OIL GAS	7	Out in 14	as) UU							
	OPERATOR										
I.	PRORATION OFFICE Operator										
	Mobil Oil Corporat	Mobil Oil Corporation, Formerly Socony Mobil Oil Co., Inc.									
İ	P. O. Box 633, Mid	lland. Texas 79701									
	Reason(s) for filing (Check proper bo		Other (Please e	xplain)							
	New Well	Change in Transporter of:		IPLE COMPLE	TION						
	Recompletion	Oil Dry	Gas Also in N	. Vac. Abo	& Vacuum U	pper Penn					
	Change in Ownership	Casinghead Gas Cons	iensate								
	If change of ownership give name and address of previous owner		<u> </u>		<u> </u>						
II.	DESCRIPTION OF WELL AND	LEASE									
	Lease Name	Well No. Pool Name, Including		(Ind of Lease		Lease No.					
	Bridges-State	112 Vacuum Glori	etas	tate, Federal or Fe	e State	B-1520					
	Location										
	Unit Letter D ; 660 Feet From The North Line and 860 Feet From The West										
	Line of Section 25	ownship 17-S Flange	27 E 21/21/	_							
	Eine of occiton 123	JWIISIND 17-0 1.d.ige	34-E , NMPM,	Lea		County					
	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL C	Address (Give address to	which approved co							
	DESIGNATION OF TRANSPOY Name of Authorized Transporter of O Magnolia Pipe/Line Com Name of Authorized Transporter of O Phillips Petroleum Com If well produces oil or liquids,	Dany isinghead Gas X or Dry Gas pany Unit Sec. Twp. Rge.	Address (Give address to 2. 0. Box 900, D. Address (Give address to 2. 0. Box 6666, C. Is gas actually connected	which approved copallas, Texa which approved copodessa, Texa	S by of this form is	to be sent)					
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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

OIL CONSERVATION COMMISSION

I here													
Commi	85	ion h	uve	been	com	plied	with	and	that	the	info batu	rmatio:	a give he∷ai
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TITLE

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

Making is a required for allowable for a newly drilled or de-

If this is a request for allowable for a newly drilled or despende well, this form must be decompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All section, of this form must be filled out completely for allow-

Authorized Agent
(Title)

July 11, 1966
(Late)

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

Fill out only Specions 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.