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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISS  
REQUEST FOR ALLOWABLE  
AND TO BE FILED IN O.C.C.  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS  
JUN 24 11 55 AM '66

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

Operator Mobil Oil Corporation, Formerly Socony Mobil Oil Company, Incorporated	
Address P. O. Box 633, Midland, Texas 79701	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of: <input type="checkbox"/>
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"/>
Proposed Multiple Completion - Also in Glorieta and Upper Penn	

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Bridges - State	Well No. 112	Well Name, including Formation Glorieta, N. Abo, U. Penn	Kind of Lease State, Federal or Fee State	Lease No. B-1520
Location Unit Letter D ; 660 Feet From The North Line and 860 Feet From The West Line of Section 25 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"/>	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 checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P. O. Box 6666, Odessa, Texas			
If well produces oil or liquids, give location of tanks	Unit F	Sec. 25	Twp. 17-S	Rge. 34-E
Is gas actually connected? Yes		When June 15, 1966		

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

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 Rest'v. <input type="checkbox"/>	Diff. Rest'v. <input type="checkbox"/>
Date Spudded 3-31-1966 6:30 P.M.	Date Compl. Ready to Prod. 6-15-1966		Total Depth 10,230		P.B.T.D. 10,182			
Elevations (DF, RKB, RT, GR, etc.) 4010 G. L.	Name of Producing Formation Abo 8410-8447		Top Oil/Gas Pay 8410		Tubing Depth			
Perforations 8410 - 8447					Depth Casing Shoe			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2"	13-3/8"	380'	350 Sax Incor Neat, 2% HAS
12-1/4"	9-5/8"	5000'	2500 Sax Incor, 6% JEL + 100
			Neat
8-3/4"	7" Liner	10,228'	1000 Sax Trinity Inferno Neat

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 6-14-1966	Date of Test 6-15-1966	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 Hours	Tubing Pressure 250#	Casing Pressure Packer	Choke Size 28/64"
Actual Prod. During Test 312	Oil-Bbls. 312	Water-Bbls. 0	Gas-MCF 711

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.

A. C. Benne  
(Signature)  
Authorized Agent  
(Title)  
June 23, 1966  
(Date)

OIL CONSERVATION COMMISSION

APPROVED \_\_\_\_\_, 19\_\_\_\_  
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 allowables 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.