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LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSIC

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

I.

Operator

Mobil Oil Corporation

Address

P. O. Box 633, Midland, Texas 79701

Reason(s) for filing *(Check proper box)*

New Well	[X]	Change in Transporter of:			Other *(Please explain)*
Recompletion	[ ]	Oil	[ ]	Dry Gas [ ]	MULTIPLE COMPLETION
Change in Ownership	[ ]	Casinghead Gas	[ ]	Condensate [ ]	~~ALSO IN VAC UPPER PENN AND VAC GLORIETA~~

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease		Lease No.
Bridges State	116	Vacuum ABO	State, Federal or Fee	State	B-1520

Location

Unit Letter __L__ ; __1880__ Feet From The __South__ Line and __510__ Feet From The __West__

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 [X] or Condensate [ ]	Address *(Give address to which approved copy of this form is to be sent)*
Magnolia Pipe Line Company	P. O. Box 900, Dallas, Texas
Name of Authorized Transporter of Casinghead Gas [ ] or Dry Gas [ ]	Address *(Give address to which approved copy of this form is to be sent)*
Phillips Petroleum Company	P. O. Box 6666, Odessa, Texas

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	B	26	17-S	34-E	Yes	8-22-1966

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
	X		X					

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
7-1-1966 6:00 P. M.	8-22-66 10:45 A. M.	10,436	10,375

Elevations *(DF, RKB, RT, GR, etc.)*	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
4030 G. R.	Vac ABO	8441	

Perforations	Depth Casing Shoe
8441-8488	

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2"	13-3/8"	372'	350 Sx Incor
12-1/4"	9-5/8"	4971'	2200 Sax Incor + 100 Sax Incor Neat
8-3/4"	7" Liner	10,436	965 Sax Incor Neat

V. TEST DATA AND REQUEST FOR ALLOWABLE

(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)

OIL WELL

Date First New Oil Run To Tanks	Date of Test	Producing Method *(Flow, pump, gas lift, etc.)*	
8-22-66	8-22-66	FLOW	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 Hrs.	350		12/64"
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
288	288	16 BAW	155

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.

_____
(Signature)

Authorized Agent
(Title)

August 30, 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 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.