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TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION  
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)      Other (Please explain)

New Well <input checked="" type="checkbox"/>	Change in Transporter of:	<b>Multiple Completion:</b> <b>Vacuum H. Abo and</b> <del>Phillips Petroleum Company</del>
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"/>	

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

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name <b>Bridges State</b>	Well No. <b>116</b>	Pool Name, including Formation <b>Vacuum Wolfcamp</b>	Kind of Lease State, Federal or Fee. <b>State</b>	Lease No. <b>B-1520</b>
Location				
Unit Letter <b>L</b>	<b>1880</b> Feet From The <b>South</b> Line and <b>510</b> Feet From The <b>West</b>			
Line of Section <b>24</b>	Township <b>17-S</b>	Range <b>34-E</b>	, NMPM, <b>Los</b> 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"/> <b>Magnolia Pipe Line Company</b>	Address (Give address to which approved copy of this form is to be sent) <b>P. O. Box 900, Dallas, Texas</b>			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>Phillips Petroleum Company</b>	Address (Give address to which approved copy of this form is to be sent) <b>P. O. Box 6666, Odessa, Texas</b>			
If well produces oil or liquids, give location of tanks.	Unit <b>B</b>	Sec. <b>26</b>	Twp. <b>17-S</b>	Rge. <b>34-E</b>
	Is gas actually connected? <b>Yes</b>		When <b>10-13-66</b>	

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	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded <b>7-1-66</b>	Date Compl. Ready to Prod. <b>10-13-66</b>	Total Depth <b>10,436</b>	P.B.T.D. <b>10,375</b>					
Elevations (DF, RKB, RT, GR, etc.) <b>4030' G, L.</b>	Name of Producing Formation <b>Vacuum Wolfcamp</b>	Top Oil/Gas Pay <b>9354</b>	Tubing Depth					
Perforations <b>9605-10,054</b>	Depth Casing Shoe							
<b>TUBING, CASING, AND CEMENTING RECORD</b>								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
<b>17-1/2"</b>	<b>13-3/8"</b>	<b>372'</b>	<b>350 Incor</b>					
<b>12-1/4"</b>	<b>9-5/8"</b>	<b>4,971'</b>	<b>2200 Incor + 100 Incor</b>					
<b>8-3/4"</b>	<b>7" Liner</b>	<b>10,436'</b>	<b>965 Incor West</b>					

**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)

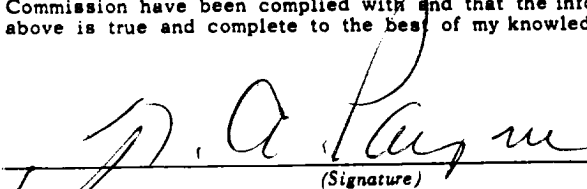
Date First New Oil Run To Tanks <b>10-12-66</b>	Date of Test <b>10-14-66</b>	Producing Method (Flow, pump, gas lift, etc.) <b>Flow</b>	
Length of Test <b>24 Hrs.</b>	Tubing Pressure <b>300</b>	Casing Pressure <b>Packer</b>	Choke Size <b>25/64"</b>
Actual Prod. During Test <b>304 Bbls.</b>	Oil-Bbls. <b>304</b>	Water-Bbls. <b>None</b>	Gas-MCF <b>322</b>

**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.

  
\_\_\_\_\_  
**Authorized Agent** (Title)  
**October 27, 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.

EXHIBITION REPORT

WELL NO. 2116 COUNTY TARRANT STATE NEW MEXICO

OPERATOR Shell Oil Corporation ADDRESS Box 633 CITY Midland, Tex.

WELL DEPTH 2116 SURVEY 57.116 SURVEY 57.116 TOWNSHIP T0900

RECORD OF DEVIATION

DEPTH (feet)	ANGLE OF DEVIATION (degrees)	DISPLACEMENT (feet)	ACCUMULATIVE DISPLACEMENT (feet)
201	1/4	.88	.88
301	1/2	1.51	2.39
401	1/2	4.35	6.74
501	3/4	6.51	13.25
601	1 3/4	14.93	27.94
701	2	3.21	31.15
801	2	3.32	34.47
901	1 1/2	2.44	36.91
1001	2	5.24	42.15
1101	1 1/2	0.14	45.29
1201	1 1/2	3.93	49.22
1301	1/2	2.40	51.62
1401	1/2	1.29	52.91
1501	1/2	1.32	54.23
1601	1	1.75	55.98
1701	1/2	1.33	57.31
1801	3 1/4	16.44	73.75
1901	2 3/4	2.78	76.53
2001	2 3/4	2.50	79.03
2101	2	2.58	81.61
2201	1 1/2	1.47	83.08
2301	2	2.09	85.07
2401	2	2.44	87.61
2501	1 3/4	1.84	89.45
2601	1 1/2	1.44	90.89
2701	1 1/4	1.31	92.20
2801	1 1/4	1.81	94.01
2901	1 1/4	4.10	98.11
3001	1 1/4	4.66	102.77
3101	3/4	2.05	104.82
3201	1 1/2	14.41	119.23
3301	1	2.36	121.59
3401	1/2	4.88	126.47
3501	1/4	3.15	129.62
3601	1/2	4.40	134.02
3701	1/2	6.25	140.27
3801	1/2	1.50	141.77
3901	1/2	1.23	143.00
4001	1/4	1.61	144.61
4101	1/2	2.82	147.43
4201	3/4	5.02	152.45
4301	1/4	1.52	153.97
4401	3/4	2.38	156.35
4501	1 3/4	11.02	167.37

Operator Affidavit:

(Operator making affidavit must strike out inapplicable phrases, and must file explanatory statement when applicable.)

I, the undersigned authority, on this day, personally appeared Robert M. Schaub, who, after being duly sworn, on oath states that he is the operator of the well identified in this instrument (that he is acting at the direction and on behalf of the operator of the well identified in this instrument), and that such well was not intentionally deviated from the vertical whatsoever (and that such deviation was not at random for the reason described in the attached statement).

Robert M. Schaub  
Signature and Title of Affiant

Sworn and Subscribed to before me, this the 29th day of August,

Robert M. Schaub  
Notary Public in and for Tarrant County, Texas.