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U.S.G.S.	
LAND OFFICE	
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
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)

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE
Lease Name
Bridges State
Well No. 119
Pool Name, Including Formation North Abo
Kind of Lease
State, Federal or Fee State
Lease No. B-1520
Location
Unit Letter F, 1830 Feet From The West Line and 2030 Feet From The North
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 ☒ or Condensate ☐
Mobil Pipe Line Company
Address (Give address to which approved copy of this form is to be sent)
Box 900, Dallas, Texas
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐
Phillips Petroleum Company
Address (Give address to which approved copy of this form is to be sent)
Box 2105, Hobbs, New Mexico
If well produces oil or liquids, give location of tanks. Unit P Sec. 26 Twp. 17-S Rge. 34E
Is gas actually connected? Yes When 3-30-67

If this production is commingled with that from any other lease or pool, give commingling order number: PC-100

IV. COMPLETION DATA
Designate Type of Completion - (X)
Oil Well ☒ Gas Well ☐ New Well ☒ Workover ☐ Deepen ☐ Plug Back ☐ Same Res'v. ☐ Diff. Res'v. ☐
Date Spudded 1-8-67 Date Compl. Ready to Prod. 3-30-67 Total Depth 12,391 P.B.T.D. 10,358
Elevations (DF, RKB, RT, GR, etc.,) 4034 Name of Producing Formation North Abo Top Oil/Gas Pay 8486 Tubing Depth 8440
Perforations 8486, 88, 90, 92, 94, 99, 8500, 03, 05 & 8507 Depth Casing Shoe
TUBING, CASING, AND CEMENTING RECORD
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT
17 1/2 13 3/8" 48# H-40 360' 375sx Incoreneat w/2%HA-5
12 1/4 9 5/8" 40# J-55 5000' 2100sx Inco 6% Gel+100neat
8 7" 23# S-95 5657' 1000 sx incor 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 3-30-67 Date of Test 3-31-67 Producing Method (Flow, pump, gas lift, etc.) Flow
Length of Test 24 hrs. Tubing Pressure 75 Casing Pressure Choke Size 20/64
Actual Prod. During Test 488 Oil-Bbls. 488 Water-Bbls. 0 Gas-MCF 614

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.

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.

Authorized Agent

(Signature)

(Title)

March 31, 1967

(Date)