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TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

FEDERAL BUREAU OF REVENUE
 DEPARTMENT OF THE TREASURY
 AND
 U.S. GEOLOGICAL SURVEY
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
 Form No. 109 11-16-67

I. Operator

Mobil Oil Corporation

Address
P. O. Box 633, Midland, Texas

Reason(s) for filing (Check proper box)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

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 UNDESIGNATED Upper Penn	Kind of Lease State, Federal or Fee	Lease No. B-1520
Location Unit Letter <u>F</u> ; <u>1830</u> Feet From The <u>West</u> Line and <u>2030</u> Feet From The <u>North</u>				
Line of Section <u>24</u> Township <u>17</u> Range <u>34</u> , NMPM, <u>Lea</u> 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"/>	Mobil Pipe Line Company	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"/>	Phillips Petroleum Co.	Address (Give address to which approved copy of this form is to be sent)	P. O. Box 2105, Hobbs, New Mexico
If well produces oil or liquids, give location of tanks.	Unit <u>P</u> Sec. <u>26</u> Twp. <u>17-S</u> Rge. <u>34-E</u>	Is gas actually connected?	No

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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
1-8-67	3-21	12,391	10,358					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
4034	Upper Penn	10,069	9,981					
Perforations	Depth Casing Shoe							
10,069, 085, 090, 094, 098, 10,100, 104, & 10,114								
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2"	13-3/8" 48# H-40		360'		375 sx incor neat w/27 EA-5			
12-1/4"	9-5/8" 40# J-55		5000'		2100 sx incor 6% Gel + 100 neat			
8-3/4"	7" 23# S-95		5657' Liner		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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
3-21-67	3-21-67	Flow	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs	425		20/64
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
416	416	0	312

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.

John J. Thuro
(Signature)
Authorized Agent
(Title)
March 23, 1967
(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.