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TRANSPORTER	OIL	
	GAS	
OPERATOR		
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NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND JUL 21 3 17 PM '67  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

I.

Operator <b>Mobil Oil Corporation</b>	
Address <b>P. O. Box 633, Midland, Texas</b>	
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"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead 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 <b>Bridges Santa Fe State Com.</b>	Well No. <b>1</b>	Pool Name, Including Formation <b>Vacuum Upper Penn</b>	Kind of Lease State, Federal or Fee <b>State</b>	Lease No. <b>B-1520</b>
Location				
Unit Letter <b>D</b>	<b>660</b>	Feet From The <b>North</b> Line and <b>860</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>Mobil Pipe Line Co.</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 Co.</b>	Address (Give address to which approved copy of this form is to be sent) <b>P. O. Box 2105, Hobbs, New Mexico</b>			
If well produces oil or liquids, give location of tanks.	Unit <b>A</b>	Sec. <b>14</b>	Twp. <b>17-S</b>	Rge. <b>34-E</b>
				Is gas actually connected? <b>No</b>
				When

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

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>5-11-67</b>	Date Compl. Ready to Prod. <b>6-30-67</b>		Total Depth <b>10,360</b>		P.B.T.D. <b>10,177</b>			
Elevations (DF, RKB, RT, GR, etc.) <b>4035 GR</b>	Name of Producing Formation <b>Upper Penn</b>		Top Oil/Gas Pay <b>10,090</b>		Tubing Depth <b>10,060</b>			
Perforations <b>10,091; 93; 95; 97; 99; 127; 130; 138; 141; 143; 145; 147 and 10,149 w/1 JSTP. Total 13 holes</b>					Depth Casing Shoe <b>----</b>			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<b>17-1/2"</b>	<b>13-3/8" N-40 ST&amp;C</b>		<b>370</b>		<b>350 sk. circ.</b>			
<b>12-1/4"</b>	<b>9-5/8" 36# J-55</b>		<b>4975</b>		<b>2400 sk. circ.</b>			
<b>8-3/4"</b>	<b>7" 23# J&amp;L, N-80</b>		<b>10359 (Liner) 1090</b>		<b>sk. incor neat. Top of</b>			
	<b>2-3/8"</b>		<b>10,060</b>		<b>Liner 100 sks</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>6-30-67</b>	Date of Test <b>7-1-67</b>	Producing Method (Flow, pump, gas lift, etc.) <b>Flowed</b>	
Length of Test <b>24 Hours</b>	Tubing Pressure <b>125#</b>	Casing Pressure	Choke Size <b>32/64</b>
Actual Prod. During Test	Oil-Bbls. <b>336</b>	Water-Bbls. <b>0</b>	Gas-MCF <b>494</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.

**John J. Thurd**  
(Signature)  
**Authorized Agent**  
(Title)  
**July 11, 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 deep well, this form must be accompanied by a tabulation of the dev' tests taken on the well in accordance with RULE 111.  
All sections of this form must be filled out completely for able on new and recompleted wells.  
Fill out only Sections I, II, III, and VI for changes well name or number, or transporter, or other such change of  
Separate Forms C-104 must be filed for each pool completed wells.