	DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE IRANSPORTER OIL	REQUEST	ONSERVATION COMMISS FOR ALLOWABLE AND INSPORT OIL AND NATURAL G	Form C-104 Supersectes Old C+104 and C+275 Elfocuive 1-1-65 BAS
3.	GAS       OPERATOR       PRORATION OFFICE       Operator       Mobil Oil Corporation       Address       P. O. Box 633, Midland, TX 79701			
	Reason(s) for filing (Check proper box, New Well Recompletion Change in Ownership If change of ownership give name and address of previous owner	Change in Transporter of: Oil Dry Ga Casinghead Gas Conder	• 📙 to unitization.	name and well no. due Formerly State A
¥1.	DESCRIPTION OF WELL AND I Lease Name North Vacuum Abo Unit Location Unit Letter;2,	UEASE Well No. Pool Name, including Fr 211 North Vacuum- 054 Feet From The South Lin	Abo State, Federal	er Fee State B-1520 The East
1.	DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS         Name of Authorized Transporter of Oil I or Condensate         Mobil Pipeline Co.         Name of Authorized Transporter of Casinghead Gas or Dry Gas         Name of Authorized Transporter of Casinghead Gas or Dry Gas         Name of Authorized Transporter of Casinghead Gas or Dry Gas         Name of Authorized Transporter of Casinghead Gas or Dry Gas         Name of Authorized Transporter of Casinghead Gas or Dry Gas         Name of Authorized Transporter of Casinghead Gas or Dry Gas         Name of Authorized Transporter of Casinghead Gas or Dry Gas         Rm. B-2 Phillips Bldg., Odessa, TX			ttn: Don Kennedy ed copy of this form is to be sent;
	If well produces oil or liquids, give location of tanks. If this production is commingled wit COMPLETION DATA Designate Type of Completio	Oil Well Gas Well	Is gas actually connected? Whe Yes give commingling order number:	Plug Back   Same Restv. Diff. Restv.
	Date Spudded Elevations (DF, RKB, RT, GR, etc., Perforations	Date Compl. Ready to Prod. Name of Producing Formation	Total Depth Top Oil/Gas Pay	P.B.T.D. Tubing Depth Depth Casing Shoe
	HOLE SIZE	TUBING, CASING, AND Casing & Tubing Size	DEPTH SET	SACKS CEMENT
۲.	TEST DATA AND REQUEST FOR ALLOWABLE OII. WELL       (Test must be after recovery of total volume of load oil and must be equal to or exceed top allow- able 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.)			
	Length of Test Actual Prod. During Test	Tubing Pressure Oil-Bbis.	Casing Pressure Water-Bbls.	Choke Size Gae-MCF
	GAS WELL Actual Prod. Test-MCF/D Testing Method (pitor, back pr.)	Length of Test Tubing Pressure (Shut-in)	Bble. Condensate/MMCF Casing Pressure (Ebut-12)	Gravity of Condensate Choke Size
	CERTIFICATE OF COMPLIANC I hereby certify that the rules and ru Commission have been complied w above is true and complete to the	gulations of the Oil Conservation ith and that the information given	OIL CONSERVATION COMMISSION DEC 4 1972 APPROVED	
-	A S Bond Proration Staff Assis (Tur November 29, 1972	tant		
-	(Dal	e)		

## REDENED

.

DIE CONSERVATION COMM. HOBER, N. M.