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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

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:
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 _____

DESCRIPTION OF WELL AND LEASE	
Lease Name Bridges State	Well No. 128 Pool Name, Including Formation North Uvacum-Abo R-3681
Kind of Lease State, Federal or Fee State	Lease No. B 1520
Location	
Unit Letter H	535 Feet From The East Line and 2,005 Feet From The North
Line of Section 23	Township 17-S Range 34-E , NMPM, Lea County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS	
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Mobil Pipe Line Company	P. O. Box 900, Dallas, Texas
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Phillips Petroleum Company	Box 2105, Hobbs, New Mexico
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
B 26 17-3 34-E	Yes 2-6-69

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

COMPLETION DATA	
Designate Type of Completion - (X)	Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v. Diff. Res'v.
X	X
Date Spudded 1-6-69	Date Compl. Ready to Prod. 2-5-69
Total Depth 8,580	P.B.T.D. 8,540
Elevations (DF, RKB, RT, GR, etc.) 4,032 GR	Name of Producing Formation Vac. Abo North
Top Oil/Gas Pay 8,473	Tubing Depth 8,465
Perforations 8,473, 77, 79, 81, 87, 93, 95, 8,503, 05, 09, 11, 13 and 8,515 W/1 - JSPE	Depth Casing Shoe -
TUBING, CASING, AND CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE
12 1/4	8 5/8 OD
7 7/8	5 1/2 OD
DEPTH SET	SACKS CEMENT
1,616'	700 sx. circ.
8,580'	1,200 sx.

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 2-5-69	Date of Test 2-5-69
Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 Hours	Tubing Pressure 100
Casing Pressure -	Choke Size 46/64
Actual Prod. During Test 332	Oil-Bbls. 332
Water-Bbls. 4	Gas-MCF 225.7

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

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	
2-7-69	

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.	