

SANTA FE			
FILE			
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 <i>Mobil Oil Corporation</i>	
Address <i>Box 633, Midland, Texas 79701</i>	
Reason(s) for filing (Check proper box)	
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input checked="" type="checkbox"/>
Recompletion <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Other (Please explain) <i>Effective 5-1-72</i>

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name <i>Bridge State</i>	Well No. <i>130</i>	Pool Name, Including Formation <i>Vacu Morrow, North</i>	Kind of Lease State, Federal or Fee <i>State</i>	Lease No. <i>0-1520</i>
Location Unit Letter <i>H</i> ; <i>1980</i> Feet From The <i>North</i> Line and <i>660</i> Feet From The <i>East</i>				
Line of Section <i>15</i> Township <i>17-S</i> Range <i>34-E</i> , NMPM, <i>Dea</i> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> <i>Southwest crude oil co.</i>	Address (Give address to which approved copy of this form is to be sent) <i>Box 7447, Hobbs, NM, 88240</i>					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <i>Mobil Pipeline Co.</i>	Address (Give address to which approved copy of this form is to be sent) <i>Box 900, Dallas, Texas</i>					
Name of Authorized Transporter of Natural Gas <input type="checkbox"/> <i>Northern Natural Gas Co.</i>	Address (Give address to which approved copy of this form is to be sent) <i>Carlsbad Highway, Hobbs, NM.</i>					
If well produces oil or liquids, give location of tanks.	Unit <i>A</i>	Sec. <i>14</i>	Twp. <i>17-S</i>	Rge. <i>34-E</i>	Is gas actually connected? <i>Yes</i>	When <i>7-21-70</i>

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'tv.	Diff. Res'tv.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (LF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		

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.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pilot, 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.

J J McDaniel
(Signature)
Authorized Agent
(Title)
5-9-72
(Date)

OIL CONSERVATION COMMISSION

APPROVED **MAY 11 1972**, 19
BY *Joe D. Ramey*
TITLE *Dist. I, Supv.*

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 1110.

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.




Figure 1. The building of the Ministry of Health, Ankara, Turkey.

RECEIVED

MAY 1 1972

OIL CONSERVATION COMM.
HOBBS, N. H.