	DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE TRANSPORTER GAS OPERATOR	•	CONSERVATION COMM FOR ALLOWABLE AND ANSPORT OIL AND I		Effective 1-1-6	1 C-104 and C-110 5
1.	PRORATION OFFICE Operator Mobil Oil Corpor	ration	T-84-67			
	Address					
	P. O. Box 633, 1 Reason(s) for filing (Check proper box	Midland, Texas 79701	Other (Please	evolain		
	New Well Recompletion Change in Ownership	Change in Transporter of: Oil Dry Go Casinghead Gas Conder	as Coro			
	If change of ownership give name and address of previous owner					
II.	DESCRIPTION OF WELL AND	LEASE		**************************************		
	Lease Name Bridges State	North Vacuum		Kind of Leas State, Federa	e dorfee Sta te	Lease No. B-1520
	Unit Letter H 1980	Feet From The North Lin	ne and 660	Feet From	The East	
		waship 17-S Range 3	4-E , NMPM	. Lea		County
III.	DESIGNATION OF TRANSPORT		Address (Give address t	o which appro	ved copy of this form is t	o be sent!
	Famariss Oil & Refin	ning	Box 2497, H	obbs, Ne	w Mexico	
	Name of Authorized Transporter of Cas		1		ved copy of this form is t	i .
	Northern Natural Gas If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. A 14 17-S 34-E	Is gas actually connecte		Hobbs, New Mexion 7/21/70	co
	If this production is commingled wit			number		
17.	Designate Type of Completion	$\operatorname{On} = (X)$ Gas Well	New Well Workover	Deepen	Plug Back Same Res	fv. Diff. Resfv.
	Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.	<u> </u>
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Cil/Gas Pay		Tubing Depth	
	Perforations				Depth Casing Shoe	
		TUBING, CASING, AND	D CEMENTING RECOR	D		
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SE	т	SACKS CEM	ENT
V.	TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be a	fter recovery of total volum	ne of load oil	and must be equal to or e	xceed top allou-
	OIL WELL Date First New Oil Run To Tanks	Date of Test	pth or be for full 24 hours Producing Method (Flow		(t, etc.)	
	Length of Tent	Tubing Pressure	Casing Pressure		Choke Size	
	Actual Prod. During Test	Oil-Bbis.	Water-Bbls.	7	Gas-MCF	
	GAS WELL					CANCELLY STATE THE PROPERTY OF
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF		Gravity of Condensate	
	Testing Method (pitot, back pr.)	Tubing Pressure (Shub-in)	Casing Pressure (Shut-	·in)	Choka Size	

VI. CERTIFICATE OF COMPLIANCE

Authorized Agent

7/21/70

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.

(Signature)

(Title)

(Date)

TITKE This form is to be filed in compliance with RULE 1105.

APPROVE

BY

If this is a request for allowable for a newly drilled or despended well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with NULE 111.

*1**5**7

OIL CONSERVATION COMMISSION

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 walls

RECEIVED

JUL 3 3 1970 OIL CONSENTATION COMM.

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ł	NOITEBRESIG	NEW MEXICO OIL C	CONSERVATION COMMIS. 4	D
Ì	SANTA FE		FOR ALLOWABLE	Form C-104 Supersedes Old C-104 and C-110
Ì	FILE	NEGOES!	AND	Effective 1-1-65
	U.S.G.S.	AUTHORIZATION TO TRA	ANSPORT OIL AND NATURAL	GAS
[LAND OFFICE			
	TRANSPORTER OIL	_		
	GAS			
ļ	OPERATOR			
I.	PROPATION OFFICE	<u> </u>		
	Operator At 1.23 023 0	A.J		
	Mobil Oil Corpor	ration		
		M4 43 and Towns 70701	THE PROPERTY OF THE PROPERTY O	
	Reason(s) for filing (Check proper box	Midland, Texas 79701	Other (Please explain)	
	New Well	Change in Transporter of:		
	Recompletion	Oil Dry Go	rs	
	Change in Ownership	Casinghead Gas Conde	nsate	
ı			•	
	If change of ownership give name and address of previous owner			
11.	DESCRIPTION OF WELL AND	LEASE		
	Lease Name	Well No. Pool Name, Including F	1	
	Bridges State	130 North Vacuum	Morrow State, Fede	ral or Fee State B-1520
	Location			F
	Unit Letter H; 1	980 Feet From The North Lis	ne and 660 Feet From	h the East
			04.5	
	Line of Section 5 To	wnship 17-S Range	<u> 34-Е , ммрм, Lea</u>	County
	DESCRIPTION OF TRANSBOR	TED OF OU AND NATURAL CA	16	
III.	Name of Authorized Transporter of Oil	TER OF OIL AND NATURAL GA	Address (Give address to which app	roved copy of this form is to be sent,
			P. O. Box 900 Dail 1	as Texas
	Mobil Pipe Line Name of Authorized Transporter of Ca	singhed Gas or Dry Gas X	Address (Give address to which app	roved copy of this form is to be sent)
	Northern Natura		Carlsbad Highway, I	lobbs. New Mexico
	1401 01:01 11 110 001 0	, odo odmpanij		
	If well produces oil or liquids.	Unit Sec. Twp. Rge.	Is gas actually connected?	Vhen
	If well produces oil or liquids, give location of tanks.		Is gas actually connected?	7-21-70
	give location of tanks.	Unit Sec. Twp. Rge. A 14 17-5 34-E	Is gas actually connected? Yes	7-21-70
	give location of tanks.	Unit Sec. Twp. Rge. A 14 17-S 34-E th that from any other lease or pool,	Yes give commingling order number:	7-21-70 PC-362
	give location of tanks. If this production is commingled wi COMPLETION DATA	Unit Sec. Twp. Rge. A 14 17-S 34-E th that from any other lease or pool, Oil Well Gas Well	Is gas actually connected? Yes	7-21-70
	give location of tanks. If this production is commingled wi COMPLETION DATA Designate Type of Completi	th that from any other lease or pool, Oil Well Gas Well On - (X)	Yes give commingling order number: New Well Workover Deepen	7-21-70 PC-362 Plug Back Same Res'v. Diff, Res'v.
	give location of tanks. If this production is commingled wi COMPLETION DATA	Unit Sec. Twp. Rge. A 14 17-S 34-E th that from any other lease or pool, Oil Well Gas Well	Yes give commingling order number:	7-21-70 PC-362
	give location of tanks. If this production is commingled wi COMPLETION DATA Designate Type of Completi Date Spudded	Unit Sec. Twp. Rge. A 14 17-S 34-E th that from any other lease or pool, on - (X) Date Compl. Ready to Prod.	Yes give commingling order number: New Well Workover Deepen Total Depth	7-21-70 PC-362 Plug Back Same Res'v. Diff. Res'v.
	give location of tanks. If this production is commingled wi COMPLETION DATA Designate Type of Completi	th that from any other lease or pool, Oil Well Gas Well On - (X)	Yes give commingling order number: New Well Workover Deepen	7-21-70 PC-362 Plug Back Same Res'v. Diff, Res'v.
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	give location of tanks. If this production is commingled with COMPLETION DATA Designate Type of Completi Date Spudded Elevations (DF, RKB, RT, GR, etc.)	Unit Sec. Twp. Rge. A 14 17-S 34-E A 16 A 17-S 34-E A 17-S 34-E A 18 A 17-S 34-E A 18 A 1	Yes give commingling order number: New Well Workover Deepen Total Depth Top Oil/Gas Pay	7-21-70 PC-362 Plug Back Same Res'v. Diff. Res'v. P.B.T.D. Tubing Depth
	give location of tanks. If this production is commingled with COMPLETION DATA Designate Type of Completion Date Spudded Elevations (DF, RKB, RT, GR, etc.) Perforations	Unit Sec. Twp. Rge. A 14 17-S 34-E A 16 A 17-S 34-E A 17-S 34-E A 18 A 17-S 34-E A 18 A 1	Yes give commingling order number: New Well Workover Deepen Total Depth	7-21-70 PC-362 Plug Back Same Res'v. Diff. Res'v. P.B.T.D. Tubing Depth
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	give location of tanks. If this production is commingled with COMPLETION DATA Designate Type of Completion Date Spudded Elevations (DF, RKB, RT, GR, etc.) Perforations	Unit Sec. Twp. Pge. A 14 17-S 34-E A 14 17-S Gas Well On - (X) Date Compl. Ready to Prod. Name of Producing Formation TUBING, CASING, AN	Yes give commingling order number: New Well Workover Deepen Total Depth Top Otl/Gas Pay	7-21-70 PC-362 Plug Back Same Res'v. Diff. Res'v. P.B.T.D. Tubing Depth Depth Casing Shoe
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IV.	give location of tanks. If this production is commingled with COMPLETION DATA Designate Type of Completing Date Spudded Elevations (DF, RKB, RT, GR, etc.) Perforations HOLE SIZE	Unit Sec. Twp. Page. A 14 17-S 34-E A 16 17-S 34-E A 17-S 34-E A 17-S 34-E A 18-E A 18-E	Yes give commingling order number: New Well Workover Deepen Total Depth Top Oil/Gas Pay DEPTH SET After recovery of total volume of load of	7-21-70 PC-362 Plug Back Same Res'v. Diff. Res'v. P.B.T.D. Tubing Depth Depth Casing Shoe
IV.	give location of tanks. If this production is commingled with COMPLETION DATA Designate Type of Completing Date Spudded Elevations (DF, RKB, RT, GR, etc.) Perforations HOLE SIZE TEST DATA AND REQUEST FOIL WELL	Unit Sec. Twp. Page. A 14 17-S 34-E A 16 17-S 34-E A 18-E A	Yes give commingling order number: New Well Workover Deepen Total Depth Top Oil/Gas Pay DEPTH SET Differ recovery of total volume of load of epth or be for full 24 hours)	7-21-70 PC-362 Plug Back Same Res'v. Diff, Res'v. P.B.T.D. Tubing Depth Depth Casing Shoe SACKS CEMENT il and must be equal to or exceed top allow-
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IV.	give location of tanks. If this production is commingled with COMPLETION DATA Designate Type of Completing Date Spudded Elevations (DF, RKB, RT, GR, etc.) Perforations HOLE SIZE TEST DATA AND REQUEST FOIL WELL Date First New Oil Run To Tanks Length of Test Actual Prod. During Test	Unit Sec. Twp. Rge. A 14 17-S 34-E A 16 17-S 34-E A 17	Yes give commingling order number: New Well Workover Deepen Total Depth Top Oil/Gas Pay DEPTH SET DEPTH SET Differ recovery of total volume of load of epth or be for full 24 hours) Producing Method (Flow, pump, gas) Casing Pressure Water-Bbls.	7-21-70 PC-362 Plug Back Same Res'v. Diff. Res'v. P.B.T.D. Tubing Depth Depth Casing Shoe SACKS CEMENT il and must be equal to or exceed top allow- lift, etc.) Choke Size Gas-MCF
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V.	give location of tanks. If this production is commingled with COMPLETION DATA Designate Type of Completing Date Spudded Elevations (DF, RKB, RT, GR, etc.) Perforations HOLE SIZE TEST DATA AND REQUEST FOIL WELL Date First New Oil Run To Tanks Length of Test Actual Prod. During Test GAS WELL Actual Prod. Test-MCF/D Testing Method (pitot, back pr.) CERTIFICATE OF COMPLIAN	Unit Sec. Twp. Rge. A 14 17-S 34-E A 16 17-S 34-E A 18-E A 1	Yes give commingling order number: New Well Workover Deepen Total Depth Top Oil/Gas Pay DEPTH SET DEPTH SET Differ recovery of total volume of load of epth or be for full 24 hours) Producing Method (Flow, pump, gas) Casing Pressure Water-Bbls. Bbls. Condensate/MMCF Casing Pressure (Shut-in) OIL CONSERVAPPROVED	7-21-70 PC-362 Plug Back Same Res'v. Diff. Res'v. P.B.T.D. Tubing Depth Depth Casing Shoe SACKS CEMENT il and must be equal to or exceed top allow- lift, etc.) Choke Size Gravity of Condensate Choke Size
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(Signature)

(Title)

(Date)

Authorized Agent

7-21-70

TIŢÆE/ This form is to be filed in compliance with RULE 1104.

If this is a request for sllowable 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, sell 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

REDER ED

JUL 25 1970

OIL CONSERVATION COAM.

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