

REQUEST FOR ALLOWABLE		AND	
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			
OPERATOR		PRODUCTION OFFICE	
Mobil Oil Corporation			
Address		P. O. Box 633, Midland, Texas 79701	
Person(s) for filing (Check proper box)		Other (Please explain)	
New Well <input type="checkbox"/>		Change of lease name due to unitization.	
Completion <input type="checkbox"/>		Formerly Bridges State Lease.	
Change in Ownership <input type="checkbox"/>			

Change of ownership give name and address of previous owner				
DESCRIPTION OF WELL AND LEASE				
Well Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
North Vacuum Abo Unit	137	North Vacuum-Abo	State, Federal or Fee State	B-1520
Location				
Unit Letter B : 660 Feet From The North Line and 2130 Feet From The East				
Line of Section 26 Township 17S Range 34E, NMPM, Lea County				

SIGNATURE 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 Pipeline Co.		Box 900, Dallas, Tx Attn: Don Kennedy		
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 Pet. Co.		Rm. B-2 Phillips Bldg., Odessa, TX		
Well produces oil or liquids, or location of tanks.	Unit A	Sec. 26	Twp. 17	Rge. 34
				Is gas actually connected? Yes
				When 12-1-72

This production is commingled with that from any other lease or pool, give commingling order number:									
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.			
Deviation (DF, RKB, RT, GR, etc.)		Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Corrosion						Depth Casing Shoe			

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE			
L. 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

CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION	
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.		APPROVED DEC 4 1972, 19	
BY A. D. Bond		Orig. Signed by Joe D. Ramey	
Proration Staff Assistant		Dist. I, Supv.	
November 29, 1972		TITLE	
(Signature)		This form is to be filed in compliance with RULE 1104.	
(Title)		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.	
(Date)		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 conditions.	
		Separate Forms C-104 must be filed for each pool in which the	

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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
Mobil Oil Corporation
Address
P. O. Box 633, Midland, Texas 79701
Reason(s) for filing (Check proper box)
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name **Bridges State** Well No. **137** Pool Name, Including Formation **N. Vacuum - A. 1000** Kind of Lease **State** Lease No. **B-1520**
Location
Unit Letter **B** ; **660** Feet From The **North** Line and **2130** Feet From The **East**
Line of Section **26** Township **17-S** Range **34-E** , NMPM, **Lea** County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐
Mobil Pipe Line Company Address (Give address to which approved copy of this form is to be sent)
Box 900, Dallas, Texas
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐
Phillips Petroleum Company Address (Give address to which approved copy of this form is to be sent)
Box 2105, Hobbs, New Mexico
If well produces oil or liquids, give location of tanks. Unit **B** Sec. **26** Twp. **17-S** Rge. **34-E** Is gas actually connected? **Yes** When

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	<input checked="" type="checkbox"/> Oil Well	<input type="checkbox"/> Gas Well	<input checked="" type="checkbox"/> New Well	<input type="checkbox"/> Workover	<input type="checkbox"/> Deepen	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Same Res'v.	<input type="checkbox"/> Diff. Res'v.
Date Spudded 6-13-70	Date Compl. Ready to Prod. 7-22-70		Total Depth 8700		P.B.T.D. 8600			
Elevations (DF, RKB, RT, GR, etc.) 4033 Gr.	Name of Producing Formation Undesignated		Top Oil/Gas Pay 8481		Tubing Depth 8598			
Perforations 8481, 83, 89, 95, 97, 8504, 09, 13, 15, 19, 23 & 8525					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	8-5/8"		1655		1300 sx			
7-7/8"	5-1/2"		8690		3800 sx			

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)

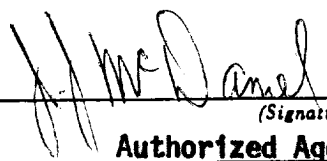
Date First New Oil Run To Tanks 7-22-70	Date of Test 7-26-70	Producing Method (Flow, pump, gas lift, etc.) Pump 2" X 1-1/4 X 20'	
Length of Test 24	Tubing Pressure ----	Casing Pressure ----	Choke Size 2" Tub.
Actual Prod. During Test 167	Oil-Bbls. 167	Water-Bbls. 27 A.W.	Gas-MCF 63.1

GAS WELL

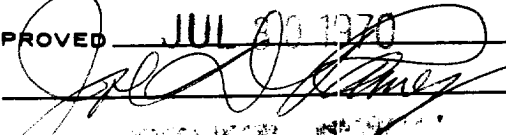
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

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.


(Signature)
Authorized Agent
(Title)
July 27, 1970
(Date)

OIL CONSERVATION COMMISSION

APPROVED **JUL 20 1970**, 19
BY 
TITLE **SECRETARY**

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

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All sections of this form must be filled out completely for allowable on new and recompleted wells.

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