

DISTRIBUTION		NEW MEXICO OIL CONSERVATION COMMISSION		Form C-104 Request for Allowable Oil Well	
SANTAFE		REQUEST FOR ALLOWABLE			
FILE		AND			
U.S.C.S.		AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			
LAND OFFICE					
TRANSPORTER		OIL GAS			
OPERATION					
PRORATION OFFICE					
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 type="checkbox"/>				Change of lease name due to unitization.	
Recompletion <input type="checkbox"/>				Formerly Bridges State Lease.	
Change in Ownership <input type="checkbox"/>					
If change of ownership give name and address of previous owner					
DESCRIPTION OF WELL AND LEASE					
Lease Name North Vacuum Abo Unit		Well No. 143		Pool Name, Including Formation North Vacuum-Abo	
Location Unit Letter B ; 660 Feet From The North Line and 1780 Feet From The East		Kind of Lease State, Federal or Fee State		Lease No. B-1520	
Line of Section 27		Township 17S		Range 34E , 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"/> Mobil Pipeline Co.				Address (Give address to which approved copy of this form is to be sent) Box 900, Dallas, TX Attn: Don Kennedy	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Pet. CO.				Address (Give address to which approved copy of this form is to be sent) Rm. B-2 Phillips Bldg., Odessa, TX	
If well produces oil or liquids, give location of tanks.		Unit A	Sec. 26	Twp. 17	Rge. 34
		Is gas actually connected?		When 12-1-72	
If 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	
Elevations (DF, RKB, RT, CR, etc.)		Name of Producing Formation		Top Oil/Gas Pay	
Perforations				Depth Casing Shoe	
TUBING, CASING, AND CEMENTING RECORD					
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET	
				SACKS CEMENT	
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	
Actual Prod. During Test		Oil-Bbls.		Water-Bbls.	
				Gas-MCF	
GAS WELL					
Actual Prod. Test-MCF/D		Length of Test		Bbls. Condensate/MMCF	
Testing Method (pilot, back pr.)		Tubing Pressure (shut-in)		Casing Pressure (shut-in)	
				Gravity of Condensate	
				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.					
OIL CONSERVATION COMMISSION DEC 4 1972 APPROVED BY Joe D. Ramey Dist. I, Supv. 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.					
A. D. Bond Proration Staff Assistant November 29, 1972					

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OIL CONSERVATION BOARD
HOLDS, N. M.