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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 <u>Mobil Oil Corporation</u>	
Address <u>Box 633, Midland, Texas 79701</u>	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	THIS WELL HAS BEEN PLACED IN THE POOL DESIGNATED BELOW. IF YOU DO NOT CONCUR PLEASE FILE THIS OFFICE.
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of:	
Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Bridges State</u>	Well No. <u>143</u>	Pool Name, Including Formation <u>Undesignated R-4063</u>	Kind of Lease State, Federal or Fee <u>State</u>	Lease No. <u>B-1570</u>
Location				
Unit Letter <u>B</u>	: <u>660</u>	Feet From The <u>North</u> Line and <u>1786</u>	Feet From The <u>East</u>	
Line of Section <u>27</u>	Township <u>17-S</u>	Range <u>34-E</u>	NMPM, <u>Lea</u>	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>Mobil Pipeline Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 900, Dallas, Texas</u>	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Phillips Petroleum Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 2105 Hobbs, New Mexico</u>	
If well produces oil or liquids, give location of tanks.	Unit <u>B</u>	Sec. <u>26</u>
	Twp. <u>17-S</u>	Rge. <u>34-E</u>
	Is gas actually connected? <u>Yes</u>	
	When <u>9-27-70</u>	

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

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Rest'v.	Diff. Rest'v.
Date Spudded <u>8-31-70</u>	Date Compl. Ready to Prod. <u>9-30-70</u>	Total Depth <u>8745</u>	P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.) <u>4027 Gr.</u>	Name of Producing Formation <u>Vacuum abc, North</u>	Top Oil/Gas Pay <u>2665</u>	Tubing Depth <u>2721</u>					
Perforations <u>8605, 0802, 1225, 2431, 3238, 4345, 4748, 5153, 5559, 6473, 7538, 8630</u>	TUBING, CASING, AND CEMENTING RECORD							
HOLE SIZE <u>12 1/4"</u>	CASING & TUBING SIZE <u>8 1/2"</u>	DEPTH SET <u>8745</u>	SACKS CEMENT <u>10200 X</u>					
<u>7 1/2"</u>	<u>5 1/2"</u>	<u>8745</u>	<u>3160 X</u>					

VI. 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 <u>9-27-70</u>	Date of Test <u>10-4-70</u>	Producing Method (Flow, pump, gas lift, etc.) <u>2" X 1 1/2" X 20'</u>	
Length of Test <u>24</u>	Tubing Pressure <u>—</u>	Casing Pressure <u>—</u>	Choke Size <u>2" Tub</u>
Actual Prod. During Test <u>146</u>	Oil-Bbls. <u>146</u>	Water-Bbls. <u>3</u>	Gas-MCF <u>86.4</u>

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

VII. 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.

W. McDaniel  
(Signature)  
Authorized Agent  
(Title)  
10-6-1970  
(Date)

OIL CONSERVATION COMMISSION

APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY [Signature]  
TITLE FOR DISTRICT

This form is to be filed in compliance with RULE 1104.  
If this is a request for allowables 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 allowables 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.

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OCT 7 1970

OIL CONSERVATION COMM.  
HOBBES, N. D.

# INCLINATION REPORT

Field Name Undesignated County Lea State New Mexico  
 Operator Mobil Oil Corporation Address P. O. Box 633 Midland, Texas 79701  
 Lease Name & No. Bridges-State Well No. 143 Survey Totco

## RECORD OF INCLINATION

Depth (feet)	Angle of Inclination (degrees)	Displacement (feet)	Accumulative Displacement (feet)
200	1/2	1.76	1.76
400	3/4	2.62	4.38
615	3/4	2.82	7.20
800	3/4	2.42	9.62
1016	1/2	1.90	11.52
1215	1/4	.88	12.40
1440	3/4	2.95	15.35
1655	1	3.76	19.11
1955	3/4	3.93	23.04
2265	1/2	2.73	25.77
2880	1/2	5.41	31.18
3180	1 1/4	6.54	37.72
3510	1	5.78	43.50
3831	1	5.62	49.12
4679	1	14.84	63.96
4969	1	5.08	69.04
5904	2 1/4	36.75	105.79
5977	2 1/4	2.87	108.66
6810	2 1/2	36.32	144.98
7314	2 1/2	21.97	166.95
8293	1 3/4	26.20	193.15
8745	1	8.26	201.41

Total displacement 201.41

Survey was run in Open Hole Distance to the nearest lease line 660 feet.

Certification of personal knowledge of Inclination Data:

I hereby certify that I have personal knowledge of the data and facts placed on this form, and that such information given above is true and complete.

Delton Marcum  
Signature

MARCUM DRILLING COMPANY  
Company

State of Texas }  
County of Midland }

Before me, the undersigned, a Notary Public in and for said County and State, on this day personally appeared Delton Marcum, known to me to be the person whose name is subscribed to the foregoing instrument, and acknowledged to me that he executed the same for the purpose and consideration therein expressed and in the capacity therein stated.

GIVEN UNDER MY HAND AND SEAL OF OFFICE THIS 30th DAY OF September 19 70.

My Commission Expires

June 1, 1971

Cliff M. Schaub  
Notary Public in and for said County and State

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NOV 7 1970

OIL CONSERVATION COMM.  
HOUSTON, TEXAS