

OIL AND GAS		AND		AUTOMATICALLY TO TRANSPORT OIL AND NATURAL GAS	
OPERATOR		TRANSPORTER		PRORATION OFFICE	
OPERATOR		TRANSPORTER		PRORATION OFFICE	
Mobil Oil Corporation					
P. O. Box 633, Midland, Texas 79701					
Reason(s) for filing (Check proper box)			Other (Please explain)		
Well Completion			Change of lease name due to unitization.		
Change in Ownership			Formerly Bridges State Lease.		
Change of ownership give name					
Address of previous owner					
DESCRIPTION OF WELL AND LEASE					
Well Name		Well No.		Lease No.	
North Vacuum Abo Unit		149		B-1520	
Pool Name, including Formation		Kind of Lease		Lease No.	
North Vacuum-Abo		State, Federal or Fee State		B-1520	
Unit Letter J : 1980 Feet From The South Line and 1780 Feet From The East					
Line of Section 27 Township 17S Range 34E, NMPM, Lea County					
SIGNATURE OF TRANSPORTER OF OIL AND NATURAL GAS					
Name of Authorized Transporter of Oil			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			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.			Is gas actually connected?		
Unit A Sec. 26 Twp. 17 Rge. 34			Yes 12-1-72		
If 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'v. Diff. Res'v.					
Is Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D.					
Variations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay Tubing Depth					
Casing Shoe					
TUBING, CASING, AND CEMENTING RECORD					
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT					
TEST DATA AND REQUEST FOR ALLOWABLE (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)					
First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)					
Height of Test Tubing Pressure Casing Pressure Choke Size					
Daily Prod. During Test Oil-Bbls. Water-Bbls. Gas-MCF					
SHUT-IN WELL					
Daily Prod. Test-MCF/D Length of Test Bbls. Condensate/MCF Gravity of Condensate					
Shut-In Method (pilot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) 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 is true and complete to the best of my knowledge and belief.					
A. D. Bond					
Proration Staff Assistant					
November 29, 1972					
OIL CONSERVATION COMMISSION					
APPROVED DEC 4 1972, 19					
BY Orig. Signed 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 multiple					

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