NO OF COPIES NECE		ı	
DISTRIBUTIO			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			

	SANTA FE FILE	REQUEST	CONSERVATION COMMISSION FOR ALLOWABLE - AND	Form C-104 Supersedes Old C-104 and C-11(Effective 1-1-65			
	LAND OFFICE IRANSPORTER GAS	AUTHORIZATION TO TR.	ANSPORT OIL AND NATURAL	GAS			
	OPERATOR	-					
1.	Operator Operator	<u> </u>					
	Mobil Oil	Mobil oil corporation					
	BOX 633		79701				
	Reason(s) for filing (Check proper box, New Well	Change in Transporter of:	Other (Please explain) Re Que st For 1:	500 Bbls Test Allowable			
	Recompletion Change in Ownership	Oil Dry G Casinghead Gas Conde					
	If change of ownership give name						
	and address of previous owner		·				
1.	DESCRIPTION OF WELL AND	LEASE. Well No. Pool Name, Including !	Formation Kind of Lea	. Lease No.			
	Bridges State	151 VECUVA MO	, San Eada	ral or Fee State B-1520			
	Unit Letter F : 213	30 Feet From The WEST LI	ne and 1920 Feet From	The <u>Worth</u>			
	1 2			_			
	Line of Section 2.3 Tov	waship /7-5 Range	34-E, NMPM, L.	2 A County			
I.	DESIGNATION OF TRANSPORT	rer of oil and natural G	AS Address (Give address to which app	oved copy of this form is to be sent)			
				Oved copy of this form is to be sent)			
	Northern NATURE	Unit Sec. Typ. Rge.		1 New H2x100 88240			
	If well produces oil or liquids, give location of tanks.	F 23/12-5/34-1	No.				
	If this production is commingled wit COMPLETION DATA	th that from any other lease or pool,	give commingling order number:	<u> </u>			
•	Designate Type of Completion	on - (X) Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff, Res'v.			
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.			
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth			
	Perforations			Depth Casing Shoe			
	TUBING, CASING, AN		D CEMENTING RECORD				
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT			
· ·	TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be able for this d	after recovery of total volume of load of epth or be for full 24 hours)	ll and must be equal to or exceed top allow-			
	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 Siza			
	Actual Prod. During Test	Oil-55:s.	Water-Bbls.	Gas - MCF			
ŧ							
	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			
	CERTIFICATE OF COMPLIANC		MAR 2.5	ATION COMMISSION			
-	I hereby certify that the rules and r Commission have been complied w	ith end that the information given	WHI I	70 21			
above is true and complete to the best of my knowledge and belief.		TITLE INFRVISOR DISTRICT This form is to be filed in compliance with AULE 1104.					
_	1 1 MCAI au	A constraint of a constraint of an article of the constraint of th	If this is a request for alle	wable for a nawly drilled or deepened			
(Signature)			well, this form must be accompanied by a tabulation of the deviation tasts taken on the well in accordance with FULE 111.				

All sections of this form must be filled out completely for allowable un 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.

RECEIVED

MAR 2 31971 OIL CONSERVATION COMM. HOBBS, M. M.