

NEW MEXICO OIL AND NATURAL GAS COMMISSION REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS		Form C-104 Supersedes Forms C-104 and C-104.1 Effective 1-1-72	
U.S.G.S. LAND OFFICE			
TRANSPORTER OIL GAS			
OPERATOR			
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"/>			
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:			
DESCRIPTION OF WELL AND LEASE			
Lease Name North Vacuum Abo Unit		Well No.: 153 Pool Name, including Formation North Vacuum-Abo	
Kind of Lease State, Federal or Fee State		Lease No. B-1520	
Location Unit Letter N : 610 Feet From The South Line and 2130 Feet From The West Line of Section 26 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 Sec. Twp. Rge. Is gas actually connected? When A 26 17 34 Yes 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'v. Diff. Res'v.			
Date Spudded		Date Compl. Ready to Prod.	
Total Depth		P.B.T.D.	
Elevations (DF, RKB, RT, CR, etc.)		Name of Producing Formation	
Top Oil/Gas Pay		Tubing Depth	
Perforations		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)			
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	
AS 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	
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 TITLE Orig. Signed by Joe D. Ramey Dist. I, Supv.			
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 (Signature) Proration Staff Assistant (Title) November 29, 1972 (Date)			

REMOVED

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OIL CONSERVATION COUNCIL
HOBBS, N. M.