

**REQUEST FOR ALLOWABLE
AND**

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF TITLE											
TRANSPORTER	OIL										
	GAS										
OPERATOR											
REGISTRATION OFFICE											
Address Mobil Oil Corporation P. O. Box 633, Midland, Texas 79701											
Reason(s) for filing (Check proper box) <input type="checkbox"/> Well Completion <input type="checkbox"/> Change in Ownership				Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Casinghead Gas				Other (Please explain) Change of lease name due to unitization. Formerly Bridges State Lease.			

Change of ownership give name and address of previous owner _____

DESCRIPTION OF WELL AND LEASE				
Well Name North Vacuum Abo Unit	Well No. 155	Pool Name, including Formation North Vacuum-Abo	Kind of Lease State, Federal or Fee State	Lease No. B-1520
Location Unit Letter <u>D</u> ; <u>560</u> Feet From The <u>North</u> Line and <u>560</u> Feet From The <u>West</u>				
Line of Section <u>23</u> Township <u>17S</u> Range <u>34E</u> , NMPM, <u>Lea</u> County				

SIGNATURE 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		
Well produces oil or liquids, or location of tanks.	Unit A	Sec. 26	Twp. 17	Rge. 34
		Is gas actually connected? Yes		When 12-1-72

If its 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 Rest'n	Diff. Rest'n
	Date Compl. Ready to Prod.		Total Depth	
	Name of Producing Formation		Top Oil/Gas Pay	
Name of Producing Formation		Tubing Depth		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.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bble.	Water-Bble.	Gas-MCF

TEST WELL			
Actual Prod. Test-MCF/D	Length of Test	Bble. Condensate/MMCF	Gravity of Condensate
Casing 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
(Signature)
Proration Staff Assistant
(Title)
November 29, 1972
(Date)

OIL CONSERVATION COMMISSION

APPROVED DEC 4 1972, 19____

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 conditions.

Separate Forms C-104 must be filed for each pool in multiple completed wells.

REMOVED

1 1972

OIL CONSERVATION BOARD
HODGE, N. M.