

DISTRIBUTION			
SANTA FE			
FILE			
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 Mobil Oil Corporation	
Address P. O. Box 633, Midland, Texas 79701	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name and address of previous owner

THIS WELL HAS BEEN PLACED IN THE POOL
DISCONTINUED PRODUCTION IF YOU DO NOT CONCUR
WITH THIS OFFICE.

II. DESCRIPTION OF WELL AND LEASE

Lease Name Bridges State	Well No. 155	Pool Name, Including Formation Vacuum Abo. North	Kind of Lease State, Federal or Fee State	Lease No. 8-1520
Location Unit Letter D ; 560 Feet From The North Line and 560 Feet From The West Line of Section 23 Township 17-S Range 34-E , NMPM, Lea 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"/> Mobil Pipe Line Company	Address (Give address to which approved copy of this form is to be sent) Box 900, Dallas, Texas					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petroleum Company	Address (Give address to which approved copy of this form is to be sent) Box 2105, Hobbs, New Mexico 88240					
If well produces oil or liquids, give location of tanks.	Unit B	Sec. 26	Twp. 17-S	Rge. 34-E	Is gas actually connected? Yes	When 4-16-71

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

PC-100

IV. 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 Res'v.	Diff. Res'v.
Date Spudded 3-21-71	Date Compl. Ready to Prod. 4-19-71	Total Depth 3700		P.B.T.D. --				
Elevations (DF, RKB, RT, GR, etc.) 4032 Gr.	Name of Producing Formation Vacuum Abo. No.	Top Oil/Gas Pay 8593		Tubing Depth 8690				
Perforations 8593.94.96, 8602.04.11.21.26.28.30.39.48.51 & 8654				Depth Casing Shoe --				
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	8-5/8"		1700		1000 x			
7-7/8	5-1/2		3700		3100 x			

V. 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)

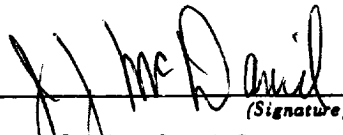
Date First New Oil Run To Tanks 4-16-71	Date of Test 4-21-71	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24	Tubing Pressure ---	Casing Pressure ---	Choke Size 2" Tub.
Actual Prod. During Test 211	Oil-Bbls. 211	Water-Bbls. 9 B.A.W.	Gas-MCF 155.5

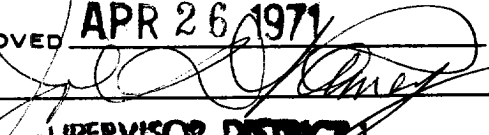
GAS WELL

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

VI. 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.


(Signature)
Authorized Agent
(Title)
4/22/71
(Date)

OIL CONSERVATION COMMISSION
APR 26 1971
APPROVED _____, 19_____
BY 
TITLE **SUPERVISOR DISTRICT**

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.

RECEIVED

APR 20 1971

OIL CONSERVATION COMM.
HOBBS, N. M.