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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

I.

Operator Mobil Oil Corporation	
Address 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 _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Bridges State	Well No. 156	Pool Name, Including Formation Vacuum ABO, No.	Kind of Lease State, Federal or Fee State	Lease No. B-1520
Location				
Unit Letter J	1800	Feet From The East	Line and 1893	Feet From The South
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 type="checkbox"/> or Condensate <input type="checkbox"/> Mobil Pipeline 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 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	
If well produces oil or liquids, give location of tanks.	Unit B	Sec. 26
	Twp. 17-8	Rge. 34-E
	Is gas actually connected? Yes	When 4-30-71

If this production is commingled with that from any other lease or pool, give commingling order number: **PC-100**

V. 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'tv.	Diff. Res'tv.
Date Spudded 4-3-71	Date Compl. Ready to Prod. 5-2-71		Total Depth 8750		P.B.T.D. 8725			
Elevations (DF, RKB, RT, GR, etc.) 4013 GR	Name of Producing Formation Vacuum ABO, No.		Top Oil/Gas Pay 8487		Tubing Depth 8716			
Perforations 8487, 88, 95, 98, 99, 8500, 01, 02, 07, 09, 22, 24, 26, 27, 35, 44 &					Depth Casing Shoe 8548			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4	8-5/8"		1680		1000 x			
7-7/8	5-1/2		8750		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)

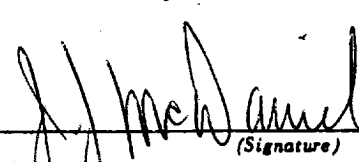
Date First New Oil Run To Tanks 4-30-71	Date of Test 5-5-71	Producing Method (Flow, pump, gas lift, etc.) 2" x 1-1/4" x 10"	
Length of Test -	Tubing Pressure -	Casing Pressure -	Choke Size 2" tub
Actual Prod. During Test 283	Oil-Bbls. 283	Water-Bbls. 1 B.A.W.	Gas-MCF 300.5

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

I. CERTIFICATE OF COMPLIANCE

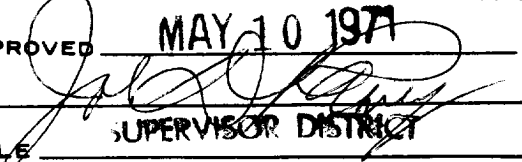
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.


Authorized Agent
5-5-71

(Signature)
(Title)
(Date)

OIL CONSERVATION COMMISSION

APPROVED **MAY 10 1971**, 19____

BY 
SUPERVISOR DISTRICT

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 multiply completed wells.

RECEIVED

MAY 1 - 1971

OIL CONSERVATION COMM.
HOBBS, N. M.