

UNITIZATION		NEW MEXICO OIL CONSERVATION COMMISSION		Form C-104	
FILE		REQUEST FOR ALLOWABLE		Supersedes Old C-104 and C-105	
U.S.G.S.		AND		Effective 1-1-65	
LAND OFFICE		AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			
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)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>
	Dry Gas <input type="checkbox"/>
	Condensate <input type="checkbox"/>
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			
Lease Name	Well No.	Pool Name, including Formation	Kind of Lease
North Vacuum Abo Unit	157	North Vacuum-Abo	State, Federal or Fee State
			Lease No.
			B-1520
Location			
Unit Letter	H	2180 Feet From The	North Line and 660 Feet From The
		East	
Line of Section	27	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"/>	Address (Give address to which approved copy of this form is to be sent)	
Mobil Pipeline Co.		Box 900, Dallas, TX Attn: Don Kennedy	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/>	or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Phillips Pet. Co.		Rm. B-2 Phillips Bldg., Odessa, TX	
Does well produce oil or liquids, give location of tanks.	Unit	Sec.	Twp.
	A	26	17
			34
Is gas actually connected?	When		
Yes	12-1-72		

this production is commingled with that from any other lease or pool, give commingling order number:									
COMPLETION DATA									
Designate Type of Completion - (X)									
Date Spudded	Date Compl. Ready to Prod.			Total Depth			P.B.T.D.		
Deviations (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
Casing Method (pilot, back pr.)	Tubing Pressure (Shot-in)	Casing Pressure (Shot-in)	Choke Size

CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION	
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.		APPROVED DEC 4 1972, 19	
		BY Orig. Signed by	
		Joe D. Ramey	
		TITLE Dist. I. Supv.	
A. D. Bond		This form is to be filed in compliance with RULE 1104.	
(Signature)		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.	
Proration Staff Assistant		All sections of this form must be filled out completely for allowable on new and recompleted wells.	
(Title)		Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of completion.	
November 29, 1972		Separate Form C-104 must be filed for each pool in multiple completed wells.	
(Date)			

RECEIVED

1972

OIL CONSERVATION L.S.M.
HOOB, N. M.