

NO. OF COPIES RECEIVED		
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 <b>Mobil Oil Corporation</b>	
Address <b>Box 633, Midland, Texas 79701</b>	
Reason(s) for filing (Check proper box)	
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"/>
Other (Please explain)	
If change of ownership give name and address of previous owner	

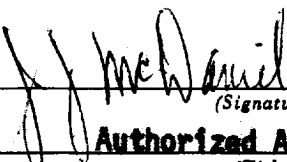
Lease Name <b>Bridges State</b>		Well No. <b>157</b>	Pool Name, Including Formation <b>Vacuum Abo, North</b>		Kind of Lease State, Federal or Fee <b>State</b>	Lease No. <b>B-1520</b>
Location						
Unit Letter <b>H</b> ; <b>2180</b> Feet From The <b>North</b> Line and <b>660</b> Feet From The <b>East</b>						
Line of Section <b>27</b> Township <b>17-S</b> Range <b>34-E</b> , NMPM, <b>Lea</b> County						

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS						
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <b>Mobil Oil Corporation</b>				Address (Give address to which approved copy of this form is to be sent) <b>Box 900, Dallas, Texas</b>		
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>Phillips Petroleum Company</b>				Address (Give address to which approved copy of this form is to be sent) <b>Box 2105, Hobbs, New Mexico 88240</b>		
If well produces oil or liquids, give location of tanks.	Unit <b>B</b>	Sec. <b>26</b>	Twp. <b>17-S</b>	Rge. <b>34-E</b>	Is gas actually connected? <b>Yes</b>	When <b>8-14-71</b>
If this production is commingled with that from any other lease or pool, give commingling order number: <b>PC-100</b>						

COMPLETION DATA	
Designate Type of Completion - (X)	
<input checked="" type="checkbox"/> Oil Well	<input type="checkbox"/> Gas Well
<input checked="" type="checkbox"/> New Well	<input type="checkbox"/> Workover
<input type="checkbox"/> Deepen	<input type="checkbox"/> Plug Back
<input type="checkbox"/> Same Res'v.	<input type="checkbox"/> Diff. Res'v.
Date Spudded <b>5-25-71</b>	Date Compl. Ready to Prod. <b>8-19-71</b>
Total Depth <b>12,500</b>	P.B.T.D. <b>10,490</b>
Elevations (DF, RKB, RT, GR, etc.) <b>4038 GR</b>	Name of Producing Formation <b>Vacuum Abo, North</b>
Top Oil/Gas Pay <b>8,585</b>	Tubing Depth <b>8,703</b>
Perforations <b>8,585,87,89,91,93,95,98,8,605,07,20,23,24,25,29,30,31,35,38 &amp; 39</b>	Depth Casing Shoe <b>12,500</b>
TUBING, CASING, AND CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE
<b>17-1/2</b>	<b>13-3/8</b>
<b>12-1/4</b>	<b>9-5/8</b>
<b>8-3/4</b>	<b>7</b>
DEPTH SET	SACKS CEMENT
<b>350</b>	<b>375 sx</b>
<b>5,000</b>	<b>2900 sx</b>
<b>8,188</b>	<b>2100 sx</b>

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 <b>8-14-71</b>	Date of Test <b>8-29-71</b>	Producing Method (Flow, pump, gas lift, etc.) <b>2" X 1-1/4 X 10' Pump</b>	
Length of Test <b>24 Hrs.</b>	Tubing Pressure <b>-</b>	Casing Pressure <b>-</b>	Choke Size <b>2" Tub.</b>
Actual Prod. During Test <b>298</b>	Oil-Bbls. <b>298</b>	Water-Bbls. <b>16 BLW</b>	Gas-MCF <b>158.2</b>

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

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)	
<b>Authorized Agent</b> (Title)	
<b>8-31-71</b> (Date)	

OIL CONSERVATION COMMISSION	
APPROVED <b>SEP 2 1971</b> , 19	
BY <b>Joe D. Ramey</b> 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 condition.	
Separate Forms C-104 must be filed for each pool in multiply completed wells.	

RECEIVED

SEP 11 1971

**OIL CONSERVATION COMM.**  
**HOBBS, N. M.**