40. 0F COPIES RECE	CIVED	١	
DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.5.			
LAND OFFICE			
IRANSPORTER	OIL		
INANSPORTER	GAS		
OPERATOR			
		1	_

## NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

Form C-104
Supersedes Old C-104 and C-110

	FILE	┪ 、	KEGOESI		LUWABLE		Elfective	is the C-104 and C-11							
	U.S.G.5.	AUTUODIZATIO	W TO TO	AND				1-1-03							
	LAND OFFICE	AUTHORIZATIO	NIUIRA	ANSPUR I	OIL AND N	ATURAL C	SAS								
	TRANSPORTER OIL	1													
	GAS	1													
	OPERATOR														
I.	PRORATION OFFICE						•	•							
	Operator  Mobil Producing Torre	- C Marin Marin T													
	Mobil Producing Texas & New Mexico Inc.  Address  9 Greenway Plaza, Suite 2700, Houston, TX 77046														
								· · · · · · · · · · · · · · · · · · ·							
	Reason(s) for filing (Check proper box		1, TX /	7046	0.1										
	New Well		f.		Other (Please		_								
	Recompletion	Oil Transporte	Change in Transporter of: Oil Dry Gas			ge Opera	tor name fro	om Mobil Oil							
	Change in Ownership	e corporación.					Date: 1-1-	1000)							
					<u> (E</u>	TIECTIVE	Date: 1-1-	•1980)							
	If change of ownership give name and address of previous owner														
	and address of previous owner		· · · · · · · · · · · · · · · · · · ·					<del></del>							
I.	DESCRIPTION OF WELL AND														
	Lease Name	Well No. Pool Name	, Including F	ormation		(ind of Lease		Lease No.							
	North Vacuum Abo East U	<del></del>	Vacuum		<del>, , , , , , , , , , , , , , , , , , , </del>	State, Federal	State	B-1527							
	Location T 1.03	31093 s	a+1-		<u> </u>										
	Unit Letter;	3 P Feet From The S	outh Lin	e and 66	J	_Feet From T	he West								
	Line of Section 7 Tox	waship 17-S													
	Line of Section / Tov	wnship 17-5	Range	35-E	, NMPM,		Lea	County							
	DESIGNATION OF TRANSPORT	TED OF OIL AND NAC	TV:DAT 04												
ı.	DESIGNATION OF TRANSPORT	or Condensate		Address /	Give address to	which approv	ed copy of this form	7-1- b							
	See attachment	<del>2.</del>		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Dillen approv	ed copy of this form	, is to be tent)							
	Name of Authorized Transporter of Cas	singhead Gas or Dry	Gas	Address	Give address to	which approv	ed copy of this form	is to he sent!							
	Phillips Petroleum Com			i			lesville, 0								
	If well produces oil or liquids,	Unit Sec. Twp.	P.ge.		ually connected			2 74004							
	give location of tanks.	N 7 17-	S 35-E	Yes	3	ĺ	11-1-	78							
	If this production is commingled wit	th that from any other lea	se or nool	give comm	ingling order	······································		,							
	COMPLETION DATA			give comi	migring order	idinoer.	<del></del>								
	Decimate Two of Completio	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back Same	Res'v. Diff. Res'v.							
	Designate Type of Completion		) <u>1</u>	! 	1		! !								
	Date Spudded	Date Compl. Ready to Pro	d.	Total Dep	th		P.B.T.D.								
						· · · · · · · · · · · · · · · · · · ·		····							
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Format	tion	Top Oil/O	as Pay		Tubing Depth								
	Desforations			<u></u>											
Perforations						Depth Casing Shoe									
	TIBNIC CICIC AND			O CENEVITING DECORD		1									
	TUBING, CASING, AND HOLE SIZE CASING & TUBING SIZE			DEPTH SET		SACKS CEMENT									
							JACKS (	JEMENT							
Ì				<u> </u>											
1															
٠. ٔ	TEST DATA AND REQUEST FO	OR ALLOWABLE (Te				of load oil a	nd must be equal to	or exceed top allow-							
	OIL WELL	abi	le for this de		full 24 hours)			•							
	Date First New Oil Run To Tanks	Date of Test		Producing	Method (Flow,	pump, gas lift	, etc.)								
-							Chaha Gua								
	Length of Test	Tubing Pressure		Casing Pr	-esma		Choke Size								
-	Actual Prod. During Test	Oil-Bble.		Water - Bb			Ggs - MCF								
	•														
1_				1											
	GAS WELL														
٢	Actual Prod. Test-MCF/D	Length of Test		Bbls. Con	densate/MMCF		Gravity of Condens	ıate							
Γ	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-is	<b>a</b> )	Casing Pr	essure (Shut-i	n)	Choke Size								
L							· · · · · · · · · · · · · · · · · · ·								
. (	CERTIFICATE OF COMPLIANC	CE			OIL CO	NSERVA	TION COMMISS	NOI							
				, ====	ת ה	EC o	407-	10							
I hereby certify that the rules and regulations of the Oil Conservation				APPROVED  Dist 1. Sups.  TITLE  Dist 1. Sups.  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 form must be second and the section of the second and the secon											
Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.    Policy   Signature     Authorized Agent   (Title)															
								(Title) October 31, 1979 (Date)			able on new and recompleted wells.  Fill out only Sections I, II, III, and VI for changes of owner,				
			-								well na	well name or number, or transporter, or other such change of condition.			
								,2	Separate Forms C-104 must be filed for each pool in multiply						
											• • • •				

## ATTACHMENT

Name of Authorized Transporter of Oil:

Southern Union Rfg., Company (12.5000%) 1st International Bldg, Suite 1800 Dallas, Texas 75270

Mobil Pipeline Company (87.5000%) Box 900 Dallas, Texas 75221