

DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRODUCTION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes C-104 and C-110
Effective 1-1-65

Operator	Mobil Oil Corporation
Address	9 Greenway Plaza, Suite 2700, Houston, Texas 77046
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change of lease name because of Uniti-
Recompletion <input type="checkbox"/>	zation, Formerly:
Change in Ownership <input type="checkbox"/>	State JJ #1
Change in Ownership give name and address of previous owner	NA

DESCRIPTION OF WELL AND LEASE					
Lessee Name	Unit	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
North Vacuum Abo East		2	North Vacuum Abo Pool	State, Federal or Fee State	B-1527
Location					
Unit Letter	L	1933	Feet From The	S	Line and 660 Feet From The W
Line of Section	7	Township	17-S	Range	35-E, 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		P. O. Box 900 Dallas, Tx 75221 Attn: D.C. 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 Petroleum Pipeline		B-2 Phillips Building, Odessa, TX 79760			
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Pqe.	Is gas actually connected? When
	N	7	17-S	35-E	Yes 11-1-78

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.						
Elevations (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

GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Cementing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-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 above is true and complete to the best of my knowledge and belief.		APPROVED <u>OCT 24 1978</u> , 19	
		BY <u>Jerry Sexton</u>	
		TITLE <u>Dist. L. Sexton</u>	
Regulatory Engineering Coordinator		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.	
(Title)		All sections of this form must be filled out completely for allowable on new and recompleted wells.	
Oct. 18, 1978		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.	
(Date)			