NO. OF COPIES RECE	IVED	
DISTRIBUTIO	N	
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OF	ICE	
Operator		

NEW MEXICO OIL CONSERVATION COMMISSION Supersedes Oid C-104 and C-110 Effective 1-1-35 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Box 670, Hobbs, New Mexico 88240 Reason(s) for filing (Check proper box) Other (Please explain) Change in Transporter of: New Well To show gas transporter, effective Dry Gas Recompletion August 18, 1972 Condensate Casinghead Gas Change in Ownership If change of ownership give name and address of previous owner ___ II. DESCRIPTION OF WELL AND LEASE
| Well No. | Pool Name, Including Formation Kind of Lease Lease No. State, Federal or Fee State B = 3385Vacuum Abo, North <u>Ritts State</u> 2080 Feet From The North Line and 560 Feet From The East Unit Letter , NMPM, County Range 34-E Township 17-S Lea Line of Section Address (Give address to which approved copy of this form is to be sent) Box 900 Dallas, Texas 75221
Address (Give address to which approved copy of this form is to be sent) Mobil Pipeline Company
Name of Authorized Transporter of Casinghead Gas [X] or Dry Gas Phillips Building, Odessa, Texas Phillips Petroleum Corporation Twp. P.ge. Is gas actually connected? If well produces oil or liquids, give location of tanks. 17-S 34-E 21 Yes August 18, 1972 If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Same Res'v. Diff. Res'v. New Well Plug Back Oil Well Gas Well Workover Deepen Designate Type of Completion - (X) P.B.T.D. Total Depth Date Compl. Ready to Prod. Tubing Depth Top Oil/Gas Pay Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Depth Casing Shoe Perforations TUBING, CASING, AND CEMENTING RECORD SACKS CEMENT CASING & TUBING SIZE DEPTH SET HOLE SIZE (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) V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tanks Date of Test Choke Size Casing Pressure Tubing Pressure Length of Test Water - Bbls. Gas-MCF Oil-Bbls. Actual Prod. During Test **GAS WELL** Gravity of Condensate Bbls. Condensate/MMCF Length of Test Actual Prod. Test-MCF/D Choke Size Casing Pressure (Shut-in) Tubing Pressure (Shut-in) Testing Method (pitot, back pr.) OIL CONSERVATION COMMISSION VI. CERTIFICATE OF COMPLIANCE AUG 21 1972 APPROVED_ I hereby certify that the rules and regulations of the Oil Conservation Orig. Signed by Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief. Joe D. Ramey BY. 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 dralled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with NULE 111. enature) Area Engineer

(Title)

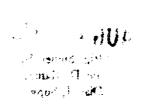
(Date)

August 18, 1972

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



RECEIVED

AUG 18 1972 OIL CONSERVATION COMM. HOBES, N. M.