| DISTRIBUTION SANTA FE | | ONSERVATION COMMISSION FOR ALLOWABLE | Form C-104 Supersedes Old C-104 and C-116 Ellective 1-1-65 |
|--|---|--|--|
| FILE U.S.G.S. LAND OFFICE | AUTHORIZATION TO TRA | AND NSPORT OIL AND NATURAL G | AS |
| IRANSPORTER OIL GAS OPERATOR | | | |
| PRORATION OFFICE | | | |
| Mobil Oil Corporation | | | |
| Address 9 Greenway Plaza, Suite | | 7046 Other (Please explain) | |
| Reason(s) for filing (Check proper box) New Well | Change in Transporter of: Oil Dry Gas Casinghead Gas Conden | Change of lease n zation, Formerly: | ame because of Uniti- |
| Change in Ownership | Texaco, Inc. Box 3109 | 9, Midland, Texas 79702 | |
| DESCRIPTION OF WELL AND I | LEASE | | |
| Lesse Name Unit | Well No. Pool Name, Including Fo | - State, Federal | or Foo State B-161 |
| North Vacuum Abo East | 8 North Vacuum Ab | 0 2001 | |
| Unit Letter H : 198 | BO Feet From The N_Line | | he ECounty |
| Line of Section 18 Tow | mship 17-S Range | 35-Е , ммрм, Lea | |
| DESIGNATION OF TRANSPORT None of Authorized Transporter of Oti | ER OF OIL AND NATURAL GA | Adress (Give dearess to which approv | |
| Mobil Pipeline P. O. Box 900 Dallas, Tx 75221 Attn: D.C Nome of Authorized Transporter of Casinghead Gas (X) or Dry Gas Address (Give address to which approved copy of this form is to be | | ad copy of this form is to be sent) | |
| Phillips Petroleum Pip | | ine B-2 Phillips Building, Odessa, TX 79760 | |
| If well produces oil or liquids, | Unit Sec. Twp. P.ge. | Is gas actually connected? Whe | <u>1-1-78</u> |
| diae tocartou or jours. | N 7 17-S 35-E | | |
| COMPLETION DATA | Oil Well Gas Well | New Well Workover Deepen | Plug Back 'Same Res'v. Diff. Res'v. |
| Designate Type of Completio | Date Compl. Rocdy to Prod. | Total Depth | P.B.T.D. |
| Date Spudded | Name of Producing Formation | Top Oil/Gas Pay | Tubing Depth |
| Elevations (DF, RKB, RT, CR, etc.) | Name of Producing Condition | | |
| Periorations , | | | Depth Casing Shoe |
| HOLE SIZE | CASING & TUBING SIZE | D CEMENTING RECORD | SACKS CEMENT |
| HOLE SIZE | | | <u>1</u> |
| | | | |
| | | | |
| TEST DATA AND REQUEST FO | OR ALLOWABLE (Test must be aj oble for this de | fter recovery of total volume of load oil a pth or be for full 24 hours) | ind must be equal to or exceed top allow- |
| OIL WELL Date First New Oil Run To Tanks | Date of Test | Producing Method (Flow, pump, gas lif | t, sic.) |
| Longth of Tost | Tubing Pressure | Cusing Pressure | Choke Size |
| Actual Prod. During Test | Oil-Bhis. | Water - Bbls. | Gae-MCF |
| | | | |
| GAS WELL | | | Gravity of Condensate |
| Actual Prod. Test-MCF/D | Length of Test | Bhis. Condensate/MMCF | |
| Testing Wellod (pitot, back pr.) | Tubing Pressure (shut-in) | Casing Pressure (Shut-in) | Choke Size |
| CERTIFICATE OF COMPLIANO | 1 CE | OIL CONSERVA | TION COMMISSION |
| I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given | | Only Signed by | |
| Commission have been complete with and have knowledge and belief. above is true and complete to the beat of my knowledge and belief. | | BYBondat. | |
| | | TITLE | |
| ATR O | | This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepened | |
| (Signature) | | If this is a request for anowalle to a tabulation of the deviation well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111. | |
| Regulatory Engineering Coordinator | | Att sections of this form mut | st be filled out completely for allow- |
| Tu Oct | (1) 1978 | able on new and recompleted we Fill out only Sections I. II. | TTT and VI for changes of owner, |
| (Da | | and name of number, or transport | the filed for each scol in multiply |