HO. OF COPIES RECEIVED						
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SANTA FE						
FILE						
U.S.G.5.						
LAND OFFICE						
IRANSPORTER	OIL					
	GAS					
OPERATOR						
PRORATION OF						

October 31.
(Date)

## NEW MEXICO OIL CONSERVATION COMM

Form C-104

FILE		+			REQUEST		OWABLE		Su	persedes Old lactiva 1-1-6:	C-104 and C-1
U.S.G.S.		+	_	ALITHO	ORIZATION TO TR	AND	OIL AND	MATURAL		.active [-[-6]	•
LAND OFFICE				701110	DRIZATION TO TR	ANSPURI	OIL AND	NATUKAL	GAS		
I RANSPORTE	GAS										
OPERATOR										_	
PRORATION O	FFICE				···		·			•	
	ducin	g Te:	xas 8	& New Me	exico Inc.						
Address					ALCO INC.					<del></del>	
9 Greenwa	y Plaz	za, S	Suite	e 2700,	Houston, TX 7	7046					
Reason(s) for filir							Other (Please	e explain)			
New Weil	Щ			Change in	Transporter of:	_			itor name	≥ from M	Mobil Oil
Recompletion				Oil	Dry G	as 🔲	Corpor	ation.			
Change in Owners	hip			Casinghe	ad Gas Conde	nsate	(	Effective	Date:	1-1-198	<b>(0)</b>
If change of own			e								
and address of p	evious ov	vner _		<del></del>	· · · · · · · · · · · · · · · · · · ·		<del></del>			·	
DESCRIPTION	OF WEL	L AN	D LE								
Lease Name				1 1	Pool Name, Including F			Kind of Leas	•		Lease No.
Bridges Sta	te 4-1	2-14	-86	181	Vacuum Gra	yburg, S	5.A.	State, Federa	lorFee St	ate	B-1520
	.T	1	797		- South	1650	<b>1</b>		-		
Unit Letter		- !	.,,,	Feet From	m The South Lin	ne and 1000	)	Feet From	The <u>Eas</u>	<u>; t</u>	<del></del>
Line of Section	27		Towns	hip 17-S	Range	34-I	E , NMPM	i <b>.</b>	Lea	1	County
							<del></del>	<u></u>		<u> </u>	County
					AND NATURAL GA	\s					
Mobil Pipe			O11 XX	티 ot.Co	ondensate	1		to which appro		is form is to	be sens)
Name of Authorize	d Transco	rter of	Casing	head Gas (X	X or Dry GCEFFECTI			las, TX		<del>,</del>	
Phillips Pe	trole	m Co	GPN	A Gas Cor	poration EFFECTI	1	-	hich appro			1
If well produces o				nit Sec.		Is gas actu	IK Phill:	ips Bldg,	Bartles	ville.	<u>OK 74004</u>
give location of to			F	7   26	17-S 34-E	Yes			3-1	5-74	
f this production COMPLETION		ngled	with ti	hat from an	y other lease or pool,	give commi	ngling order	number:			,
Designate T	re of C	omnle	tion		Il Well Gas Well	New Well	Workover	Deepen	Plug Back	Same Res	v. Diff. Res'v.
	ype or C	ompre			1	1	l 	<u> </u>	1	1	
Date Spudded			De	ate Compl. R	eady to Prod.	Total Dept	h		P.B.T.D.		
Elevations (DF, R	KB. RT. G	R. etc.	i No	ame of Produ	cing Formation	Top 0:1/G	is Pay		Tubing Dep	· b	
,	,, 0	,	<b>′</b>				1 -1		r aprild Dab	in .	
Perforations						<del></del>			Depth Casir	ng Shoe	
					·						
				T	UBING, CASING, AND	CEMENT	NG RECOR	D			
HOL	ESIZE			CASING	& TUBING SIZE		DEPTH SE	T	SA	CKS CEME	NT
•						ļ					
							<del></del>			<del></del>	
			<u> </u>	*		<del> </del>	····································				
TEST DATA A	D REQU	UEST	FOR	ALLOWAI	BLE (Test must be a	fter recovery	of total volum	ne of load oil o	and must be ea	qual to or ex	ceed top allows
OIL WELL					able for this de	pth or be for	full 24 hours	)		,	
Date First New OI	Run To T	canks	Da	zte of Test		Producing 1	Method (Flow	, pump, gas lif	t, etc.)		
Length of Test	<del></del>		Tu	ibing Pressur	:0	Casing Pre	saure		Choke Size		
									0		
Actual Prod. Durin	Test		OI.	i-Bble.		Water - Bble	<u> </u>	77	Gas-MCF	<del></del>	
_	· · · · · · · · · · · · · · · · · · ·										
										<del></del>	
Actual Prod. Test	VCE (D		1			T 500 - 60 - 1			T		<del></del>
Actual Prod. 1980	MCF/D		-	ngth of Test		Bois. Cond	ensate/MMCF	•	Gravity of C	ondensate	
Testing Method (pr	tot, back j	pr.)	Tu	bing Pressur	o(Shut-in)	Casing Pre	saure (Shut-	in)	Choke Size		
					<b>( )</b>	,	•	•			
ERTIFICATE	OF COM	PLIA	NCE				OIL C	ONSERVA	TION COM	MISSION	
	•••							DEC .			
hereby certify that the rules and regulations of the Oil Conservation ommission have been complied with and that the information given bove is true and complete to the best of my knowledge and belief.		APPROV	/ED			19	9				
		Orig. Signed by  Jerry Sexton									
	-			, , , , , , , , , , , , , , , , , , ,	İ	ł		Dist 1.			
						TITLE Disk 1. Supv.					
İ	P	j, j.	.: (	<b>%</b>	4.	This form is to be filed in compliance with RULE 1104.					
	100	Will (Si	UNDERED A	Her		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					
	Antho	ייטן יים דירר	,	'V V		tests tak	en on the w	ell in accord	lance with F	TULE 111.	
	Authorized Agent (Title)					All sections of this form must be filled out completely for allow-					

Fift 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