HO. O. COPIES REC		<u> </u>				
DISTRIBUTIO	DISTRIBUTION					
SANTA FE						
FILE						
U.S.G.S.	U.S.G.S.					
LAND OFFICE	LAND OFFICE					
TRANSPORTER	OIL					
	GAS					
OPERATOR						
PRORATION OF		П				
Operator						
Mobil Prod	lucing	TX				
Address	<del></del>					

	SANTA FE FILE			1		FOR ALLOWABLE	Form C-104 Supercedes Of	Form C-104 Supersedes Old C-104 and C-1.	
			1		AND		Effective 1-1-	Effective 1-1-65	
	U.S.G.S.			AUTHO	DRIZATION TO TR	ANSPORT OIL AND	NATUDAL A		
	LAND OFFICE			1	SKIZATION TO TK.	AND ON FOIL AND	NATURAL (	)A3	
	TRANSPORTER O	IL		1					
		AS							
	OPERATOR			1					
1.	PRORATION OFFIC	E		1				•	
	Operator								<del></del>
	Mobil Produc	ing '	TX. 8	N.M. Inc	2.				
	Address								
	Nine Greenwa	y P1	aza,	Suite 270	00, Houston, Te		<del>-</del>		
	Reason(s) for filing (Che	eck proj	per oox,			Other (Pleas	e explain)		
	Recompletion	1		Oil	n Transporter of:				
	Change in Ownership	า		Casinghe	Dry G	<del>                                      </del>			
			<del></del>	Casingne	da das conde	insure			
	If change of ownership								
	and address of previou	s owne	·r		· ··				
11.	DESCRIPTION OF	WELL	AND I	LEASE					
	Lease Name				Pool Name, Including F	ormation	Kind of Lease	,	Legse No.
	Bridges Stat	e		182	Vacuum (G-	SA)	State, Federa	or Fee State	B-1520
	Location								
	Unit Letter H	;_	231	0 Feet Fro	om The North Lin	ne and 330	Feet From 1	rhe East	
							<del>_</del>		
	Line of Section 26		Tow	mahip 17S	Range 3	4E , NMPN	. Lea		County
	5								
111.	DESIGNATION OF T				AND NATURAL GA		to which conso	old copy of this form is i	
	Mobil Pipeli			_					to be tent)
	Name of Authorized Tran				or Dry Gas F	P. O. Box 900,			to be seed
					Gas Corporation	FFECTIVE! February	P140 P	entleardile O	7 7/00/
			<u> </u>	Unit Sec.		Frank Phillips			K 74004
	If well produces oil or li give location of tanks.	idnia#,		F 26		Yes	i i	01/14/83	
	76 Abia and and an in an			<del></del>		<del></del>		01/14/03	
IV.	If this production is co COMPLETION DATA		led Wit	n that irom an	y other lease or pool,	give commingling order	r number:	<del></del>	
			1		Oil Well Gas Well	New Well Workover	Deepen	Plug Back   Same Res	'v. Diff. Res'v.
	Designate Type o	of Com	pletio	$\mathbf{n} = (\mathbf{X})$	X	X		1	1
	Date Spudded			Date Compl. R	leady to Prod.	Total Depth		P.B.T.D.	·
	11/04/82				.4/83	4871		4675	
	Elevations (DF, RKB, R	T, GR,	etc.;		icing Formation	Top Oll/Gas Pay		Tubing Depth	
	4004 (GR)			San An	dres	<u> 4480</u>		4568	
	4480-4512							Depth Casing Shoe	
	4460-4312				HRING CASING AND	CEMENTING RECOR		<u> </u>	<del></del>
	HOLE SIZ	E			& TUBING SIZE	DEPTH SE		SACKS CEM	/ENT
	13-3/8			13-3/8		20		DRIVEN	
	12-1/4			8-5/8		1687		1050	<del></del>
	7-7/8			5	-1/2	4871		1580	
			}					1	
V.	TEST DATA AND RI	EQUE	ST FO	R ALLOWA				and must be equal to or e	exceed top allow
	OIL WELL Date First New Oil Run			Date of Test	able for this de	pth or be for full 24 hours	<u> </u>		
		10 i ani	•			Producing Method (Flow, pump, gas lift			
	01/17/83			01/25/8 Tubing Pressu		Pumping -	2 x 1-1	/2 X 16	<del></del>
	24 hours			I GDE I FIRE	•	Casing Piese		C.1014 3114	
	Actual Prod. During Test	t		Oil-Bbis.		Water - Bbls.	<del></del>	Gas · MCF	
	110			17		0		8	
		<del></del>		<u>=</u>		· · · · · · · · · · · · · · · · · · ·		<u> </u>	<del></del>
	GAS WELL								
	Actual Prod. Test-MCF	P		Length of Test		Bbls. Condensate/MMCI	7	Gravity of Condensate	
				· · · · · · · · · · · · · · · · · · ·					
	Testing Method (pitot, be	ack pr.)		Tubing Pressu	·• (Shut-in)	Casing Pressure (Shut-	-in)	Choke Size	
				<del>,_,</del>				<u> </u>	
VI.	CERTIFICATE OF C	OMPL	LIANC	E		OILC		TION COMMISSION	1
						APPROVED FFB 1 1983			
	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.				AFFROVED				
					BY ORIGINAL SIGNED BY EDDIE SEAT				
				TITLE OIL	K GAS	INSPECTOR			
					1				
	- Unil	Later ( all all all all all all all all all a			Uma)	This form is to be filed in compliance with RULE 1104.  If this is a request for allowable for a newly drilled or dea			
-	(Signature)			well, this form must	be accompan	ied by a tabulation of	the deviation		
		Authorized Agent				tests taken on the	veli in accord	lance with RULE 111.	•
•		AUL	Title)			All sections of able on new and rec	this form mus	t be filled out complete.	tely for allow-
		01	/28/	•		Fitt out only S	ections T. II.	III. and VI for chan	ges of owner.
(Date)						well same or sumber	. or transports	r, or other such change	of condition.

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



P. O. Box 952, Odessa, Texas 79760 (915) 381-6910 or 563-2023 Toll Free in Texas (800) 592-4551



RAILROAD COMMISSION OF NEW MEXICO OIL AND GAS DIVISION

OPERATOR: MOBIL PRODUCING TEXAS & NEW MEXICO INC.

ADDRESS: NINE GREENWAY PLAZA, SUITE 2700, HOUSTON, TEXAS 77046

LEASE NAME: BRIDGES STATE WELL # 182

LOCATION (Section, Block and Survey): SEC. 26, TWP 17 SOUTH PANCE 34 EAST

COUNTY: LEA

RECORD OF INCLINATION:

11. Messured Dapin (feet)	12. Course Length (Buttlesda at feet)	*13. Angle of limition (Degrees)	14 Displacement per Hundred Fest (Sine of Angle X100)	15. Course Bispinsomens (feet)	16. Additionalists
254	2.54	1/2	87	0.01	
557	3.03	1/2	.87	2.21	2.21
1025	4.68	1 1/4	2.16	10.11	4.85
1463	4.38	1 1/2	2.62	11.48	14.96
1529	.66	1	1.75	1.16	26.44
1687	1.58	1 1/4	2.16	3.41	27.60
1986	2,99	1 1/4	2.16	6.46	31.01
2358	3.72	1	1.75	6.51	37.47
3137	7.79	i	1.75	13,63	43.98
3415	2.78	1 1/4	2.16		57.61
3727	3.12	1	1.75	6.00	63.61
4221	4.94	3/4	1.31	5.46	69.07
4663	4.42	1/4		6.47	75.54
4871	2.08	3/4	-44	1.94	77.48
			1.31	2.72	80.20

110	
معدرون ازام	
	-

Signature of Authorized Representative

A. T. LEWIS VICE PRES. OF OPERATIONS Name of Person and Title (type or print)

VERNA DRILLING CORP. - ODESSA

Name of Company

Telephone 915 381-6910 Area Code

Lanet Moore, Notary Pub

State of Texas

Comm. Expires: 10-18-84