HO. OF COPIES REC	Elveo			
DISTRIBUTION		1		
SANTA FE			Г	
FILE				
U.S.G.S.			_	
LAND OFFICE				
TRANSPORTER	OIL			
L AARS ON ER	GAS		_	
OPERATOR				
PRORATION OFFICE				
Operator				
Mobil Produ	cing	TX.	&	
Address				
Nine Greenway Plaza,				
Reason(s) for filing (	Check p	roper	box	
New Well	$\boxtimes$			
Recompletion				
Change in Ownership				
If change of ownership give name				

SANTA FE	NEW MEXICO	NEW MEXICO OIL CONSERVATION COMMISSION Form C-104	
FILE	REG	REQUEST FOR ALLOWABLE  Supersedes Old C-104 and	
U.S.G.S.	ALITHOPIZATION	TRANSPORT OIL AND NATURAL GAS	
LAND OFFICE	AOTHORIZATION I	TO TRANSPORT OIL AND NATURA	AL GAS
TRANSPORTER OIL			
GAS			
OPERATOR			
PRORATION OFFICE Operator			•
Mobil Producing 1	X. & N.M. Inc.		
	za, Suite 2700, Houston	, Texas 77046	
New Well		Other (Please explain)	
Recompletion	Change in Transporter of:	<del>-</del> 1	
Change in Ownership	Casinghead Gas	Condensate	
If change of ownership give and address of previous own	name er		
. DESCRIPTION OF WELL	AND LEASE		
Lesse Name	Well No. Pool Name, Inc.	_	; Legse No
North Vacuum Abo U	nit  234   Vacuum Al	bo, North State, Fee	deral or Fee State B-1520
Unit Letter;	1980 Feet From The South	Line and 545 Feet Fr	om The East
Line of Section 23	Township 17S Ron	nge 34E , NMPM, Lea	County
DESIGNATION OF TRANS	SPORTER OF OIL AND NATURA	AL GAS	
Name of Authorized Transporte Mobil Pipe Line C		Address (Give address to which ap	proved copy of this form is to be tent)
Name of Authorized Transporter	of Casinghead Gas V or Dry Gas	P. O. Box 900, Dalla	groved copy of this form is to be sent!
	m CompanyGPM Gas Corporat	ion P. O. Box 2109, Hobb	proved copy of this form is to be sent)  S, New Mexico 88240
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. P. G 24 17		When 02/02/84
If this production is comming COMPLETION DATA	ed with that from any other lease or	pool, give commingling order number:	<i>02/ 02/ 04</i>
Designate Type of Com	pletion = (X)   CH Well   Gas	, worzore, Deeper,	Plug Back   Same Res'v. Diff. Res'
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
11/17/83	02/02/84	8700	
Elevations (DF, RKB, RT, GR,	etc., Name of Producing Formation	Top Oil/Gas Pay	8680 Tubing Depth
4024 GR	Abo	8470	8670
Perforations 8470-8622			Depth Casing Shoe
0.1.0 0022	TUBING CASING	, AND CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	E DEPTH SET	
17-1/2	13-3/8	400	SACKS CEMENT
12-1/4	8-5/8	5000	400
7-7/8	5-1/2	8699	5100 1325
	2-7/8	8670	1325
TEST DATA AND REQUES	T FOR ALLOWABLE (Test mus	it be after recovery of total volume of load of this depth or be for full 24 hours)	il and must be equal to or exceed top allow
Date First New Cil Run To Tank	Date of Test	Producing Method (Flow, pump, gas	lift etc.)
02/02/84	02/14/84	Pumping	,-,
Length of Teet	Tubing Pressure	Casing Pressure	Choke Size
24 hours			
Actual Prod. During Test	Cii-Bbis.	Water - Bbis.	Gas - MCF
1125 Bb]s.	166	94	143
GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
			GIGVITY OF CONSENERS
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Cosing Pressure (Shut-in)	Choke Size
CERTIFICATE OF COMPL	IANCE	OIL CONSERV	ATION COMMISSION
		550.0	
-ommission have been compli	and regulations of the Oil Conservet ed with and that the information gi		
pove 18 true and complete to	the best of my knowledge and beli	ief. BY ORIGINAL SIGNE	D BY JERRY SEXTON
		TITLEDISTRICT	I SUPERVISOR
, D n			
Yaula	) W. Collins	LI LI	compliance with RULE 1104. Wable for a newly drilled or deepened
•	Signature)	well, this form must be accompa	inied by a tabulation of the deviation
Authori	zed Agent	tests taken on the well in acco	
00.40	(Title)	All sections of this form mu able on new and recompleted we	ist be filled out completely for allow- ells.
02/22	2/84 (Date)	Fill out only Sections I. I	I. III, and VI for changes of owner,
	(	ii well name or number, or transport	ter, 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

to the some section is

