NO. D. COPIES RECEIVED			
DISTRIBUTION	NEW MEXICO OIL	CONSERVATION COMMISSION	<b>-</b> -
SANTA FE	REQUES	T FOR ALLOWABLE	Form C-104 Supersedes Old C-104 and C
U.S.G.S.		AND	Effective 1-1-65
LAND OFFICE	AUTHORIZATION TO TH	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS	
TRANSPORTER GAS			
OPERATOR			
PRORATION OFFICE			•
Operator			
Mobil Producing TX.	& N.M. Inc.		
Address			
Nine Greenway Plaza,	, Suite 2700, Houston, Te	exas 77046	
Reason(s) for filing (Check proper b	iox ]	Other (Please explain)	
Recompletion	Change in Transporter of:	_	
Change in Ownership			
	Casinghead Gas Cond		
If change of ownership give name and address of previous owner			
DESCRIPTION OF WELL AN	Well No. Pool Name, Including	Formation Kind of Lo	ease Lease No
North Vacuum Abo Unit	240 Vacuum Abo,	North State, Fea	leral or Fee State B-1520-
Unit Letter;6	65 Feet From The East L	ine and <u>2131</u> Feet Fre	om The South
Line of Section 26 T	ownship 175 Range	34Е . ММРМ. Цеа	· · · · · · · · · · · · · · · · · · ·
	1/5 Hunge	<u>34Е , ммрм, Lea</u>	County
DESIGNATION OF TRANSPO	RTER OF OIL AND NATURAL G	AS	
Name of Authorized Transporter of C	Dil X or Condensate	Aidress (Give address to which app	proved copy of this form is to be sent)
Mobil Pipeline Compa	ny	P. 0 Box 900 Dall	as TY 75221
Name of Authorized Transporter of C	asinghead Gas X or Dry Gas	Address (Give address to which app	proved copy of this form is to be sent)
<u>Phillips Petroleum C</u>	ompany GPM Gas Corporation	Box 2105, Hob	hs NM 88240
If well produces oil or liquids,	Unit Sec. Twp. Ege.	Address (Give address to which app brugry 1, 1992 Box 2105, Hob Is gas actually connected?	When
give location of tanks.	<u>I</u> 26 17S 34E	Yes	5/22/84
If this production is commingled w	with that from any other lease or pool,	give commingling order number:	
COMPLETION DATA			
Designate Type of Complet	ion - (X)	New Well Workover Deepen	Plug Back Same Restv. Diff. Rest
Date Spudded	Date Compl. Ready to Prod.	Total Depth	
4/07/84	5/22/84	8700	P.B.T.D.
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	8691 Tubing Depth
4015 GR	Abo	8387	
Perforations			8575 Depth Casing Shoe
8387-8564			
	TUBING, CASING, AN	D CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2	13-3/8	427	400
<u>12-1/4</u> 7-7/8	8-5/8	5000	3100
/-//0	<u> </u>	8699	1050
TEET DATA AND DESCRIPTION		8575	i
OIL WELL	OKALLOWABLE (Test must be a able for this de	fter recovery of total volume of load of opth or be for full 24 hours)	il and must be equal to or exceed top allow
Date First New Cil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	lift. etc.)
5/22/84	5/30/84		
Length of Test	Tubing Pressure	DUMD Casing Pressure	Choke Size
24 hours			
Actual Prod. During Test	Cil-Bbis.	Water - Bbis.	Gas - MCF
428 Bbls.	84	27	101
646 mme -			
GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
GAS WELL Actual Prod. Test-MCF/D Testing Method (pitol, back pr.)			
Actual Prod. Test-MCF/D Testing Method (pitol, back pr.)	Tubing Pressure (Shut-in )	Bble. Condensate/MMCF Casing Pressure (Shut-im)	Gravity of Condensate Choke Size
Actual Prod. Test-MCF/D Testing Method (pitol, back pr.)	Tubing Pressure (Shut-in )	Casing Pressure (Shut-in)	Choke Size
Actual Prod. Test-MCF/D Testing Method (pitol, back pr.) CERTIFICATE OF COMPLIAN	Tubing Pressure (Shnt-in) CE	Casing Pressure (Shut-in)	Choke Size
Actual Prod. Test-MCF/D Testing Method (pitol, back pr.) CERTIFICATE OF COMPLIAN hereby certify that the rules and to commission have been complied y	Tubing Pressure (Shut-in) CE with and that the information rives	Casing Pressure (Shut-in) OIL CONSERV APPROVED JUN 1	Choke Size ATION COMMISSION 1984 , 19
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