

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-11
Effective 1-1-65

I. OPERATOR
Operator: Mobil Producing TX. & N.M. Inc.
Address: Nine Greenway Plaza, Suite 2700, Houston, Texas 77046
Reason(s) for filing (Check proper box):
New Well Change in Transporter of:
Recompletion Oil Dry Gas
Change in Ownership Casinghead Gas Condensate
Other (Please explain):

If change of ownership give name and address of previous owner:

II. DESCRIPTION OF WELL AND LEASE

Lease Name North Vacuum Abo Unit	Well No. 244	Pool Name, including Formation Vacuum Abo, North	Kind of Lease State, Federal or Fee State	Lease No. B-1520-1
Location Unit Letter <u>0</u> ; <u>589</u> Feet From The <u>South</u> Line and <u>1859</u> Feet From The <u>East</u> Line of Section <u>23</u> Township <u>17S</u> Range <u>34E</u> , NMPM, <u>Lea</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Mobil Pipeline Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 900, Dallas, TX 75221			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petroleum Company GPM Gas Corporation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 2109, Hobbs, NM 88240			
If well produces oil or liquids, give location of tanks.	Unit 0	Sec. 23	Twp. 17S	Rge. 34E
	Is gas actually connected? Yes		When 5/15/84	

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 4/03/84	Date Compl. Ready to Prod. 4/24/84		Total Depth 8700			P.B.T.D. 8650		
Elevations (DF, RKB, RT, GR, etc.) 4028 GR	Name of Producing Formation Abo		Top Oil/Gas Pay 8470			Tubing Depth 8650		
Perforations 8470-8608						Depth Casing Shoe		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2	13-3/8	422	400
12-1/4	8-5/8	5000	2500
7-7/8	5-1/2	8699	1000
	2-7/8	8650	

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 5/15/84	Date of Test 5/22/84	Producing Method (Flow, pump, gas lift, etc.) pump	
Length of Test 24 hours	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test 842 Bbls.	Oil-Bbls. 205	Water-Bbls. 45	Gas-MCF 243

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (piston, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE

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.

Paula A. Collins
(Signature)
Authorized Agent
(Title)
5/30/84
(Date)

OIL CONSERVATION COMMISSION
JUN 4 1984
APPROVED _____, 19____
BY _____
TITLE _____

This form is to be filed in compliance with RULE 1104.
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 tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for allowable on new and recompleted wells.
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

RECEIVED
JUN 4 1984
O.C.D.
HOBBS OFFICE