	DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE IRANSPORTER OIL GAS OPERATOR PROBATION OFFICE	REQUEST	CONSERVATION COMMISSION FOR ALLOWABLE AND ANSPORT OIL AND NATURA	Form C-104 Supersedes Old C-104 and C-1. Effective 1-1-65 LGAS
1.	Operator	· · · · · · · · · · · · · · · · · · ·		
ļ	Mobil Producing TX. & N.M. Inc.			
ļ	Nine Greenway Plaz Resson(s) for filing (Check proper bo	za, Suite 2700, Houston,		
	New Well	Change in Transporter of:	Other (Please explain)	
	Recompletion	Oil Dry G Casinghead Gas Conde	as	
1	f change of ownership give name			
	and address of previous owner			
U . J	DESCRIPTION OF WELL AND	Well No. Pool Name, Including	Formation Kind of L	
	North Vacuum Abo Unit	250 Vacuum Abo,		deral or Fee State B-1520-1
	Unit Letter A : 6	520 Feet From The East L		- Noxth
				om The North
L	Line of Section 24 T	ownship 175 Range	34 <u>Е , ммрм, L</u>	ed <u>County</u>
	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL G.	AS	proved copy of this form is to be sent;
	Mobil Pipe Line Com	Dany	P. 0. Box 900, Dall	
	Name of Authorized Transporter of C	~~ ~	EFFECTIVE: February ; P	proved copy of this form is to be sent)
F	If well produces oil or liquids,	Company GPM Gas Corporation	P. O. Box 2105, Hob	<u>bs, NM 88240</u>
L	give location of tanks.	<u>A 24 175 34E</u>	Yes	07/26/84
	f this production is commingled w COMPLETION DATA	ith that from any other lease or pool,	give commingling order number:	·
Γ	Designate Type of Complete	ion - (X) Cil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
	05/26/84 Elevations (DF, RKB, RT, GR, etc.,	07/26/84 Name of Producing Formation	9100 Top Cii/Gas Pay	9059 Tubing Depth
L	4007 GR	Abo	8568	8760
	Perforations 8568-8710			Depth Casing Shoe
F			D CEMENTING RECORD	······
┝	носе size 17-1/2	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
┢	12-1/4	<u>13-3/8</u> 8-5/8	420	400
┝	7-7/8	5-1/2	<u> </u>	<u> </u>
-		2-7/8	8760	
	TEST DATA AND REQUEST F		fter recovery of total volume of load c	oil and must be equal to or exceed top allow-
	DIL. WEI.L. able for this depth or be for full 24 hours) Date First New Cil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)			
Ļ	07/26/84	08/01/84 Tubing Pressure	pumping	
	Length of Test 24 hours	. uping Pressure	Casing Pressure	Choke Size
-	Actual Prod. During Test	Cii-Bbis.	Water - Bbis.	Gas - MCF
L	586 Bbls.	178	11	209
-	Actual Prod. Test-MCF/D	Length of Test		
	Actual Prod. 1951-MCF/D	Lengin of jest	Bbls. Condensate/MMCF	Gravity of Condensate
	Testing Method (publ, back pr.)	Tubing Pressure (Shnt-im)	Casing Pressure (Shut-in)	Choke Size
 ז. כ	ERTIFICATE OF COMPLIAN		OUL CONSERV	ATION COMMISSION
			Διιά	<u>5 1 3 1984</u>
	t 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. Paulas D. Collins		APPROVED HOULL A JOUL A 19 BY OMGINAL SERVER BY SERVISER 19 19 19 TITLE IMM SECOND COMPRESSOR 111 10 10 10	
			This form is to be filed it	n compliance with BULF 1104
			This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepened	
		ature)	well, this form must be accompanied by a tabulation of the de tests taken on the well in accordance with RULE 111.	
	Authorized Agent		All sections of this form must be filled out completely for allow-	
-			All sections of this form r	nust be filled out completely for allow-
-	(7)	itle)	able on new and recompleted	wells.
-	<i>ر</i> م /08	iele) 06/84	able on new and recompleted Fill out only Sections I.	
-	<i>ر</i> م /08	itle)	able on new and recompleted Fill out only Sections I, well name or number, or transpo	wells. II. III, and VI for changes of owner,