

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 1-1-85

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

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. 269	Pool Name, Including Formation Vacuum Abo, No.	Kind of Lease State, Federal or Fee	Lease No. State B-1520-1
Location Unit Letter <u>A</u> ; <u>660</u> Feet From The <u>East</u> Line and <u>660</u> Feet From The <u>North</u> Line of Section <u>15</u> Township <u>17-S</u> Range <u>34-E</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 2105, Hobbs, NM 88240	
If well produces oil or liquids, give location of tanks.	Unit <u>A</u> Sec. <u>14</u> Twp. <u>17-S</u> Rge. <u>34-E</u>	Is gas actually connected? <u>Yes</u> When

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 9-25-84	Date Compl. Ready to Prod. 11-5-84		Total Depth 8830		P.B.T.D. 8786			
Elevations (DF, RKB, RT, GR, etc.) 4048 GR	Name of Producing Formation Abo		Top Oil/Gas Pay 8664		Tubing Depth 8752			
Perforations 8664-8704					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2	13-3/8		406		400x C (528 CF-Circ.)			
12-1/4	8-5/8		5000		2900x C (5700 CF-Circ.)			
	5-1/2 Liner		4024-8829		950x H (1258 CF)			
	2-7/8"		8572					

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 11-1-84	Date of Test 11-14-84	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs.	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test 770 bbls.	Oil - Bbls. 79	Water - Bbls. 192	Gas - MCF 101

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, 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.

Virginia Howard
(Signature)
Authorized Agent
(Title)
11-16-84
(Date)

OIL CONSERVATION COMMISSION

APPROVED NOV 21 1984, 19
BY CHIEF OF DIVISION
TITLE MANAGER, DIVISION

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