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TRANSPORTER	OIL	
	GAS	
OPERATOR		
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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-
Effective 1-1-65

I.

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 <input checked="" type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Bridges-State	Well No. 189	Pool Name, Including Formation Vacuum/Grayburg San Andres	Kind of Lease State, Federal or Fee State	Lease No. B-1520
Location Unit Letter <u>G</u> ; <u>1468</u> Feet From The <u>N</u> Line and <u>1432</u> Feet From The <u>E</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 Co.	Address (Give address to which approved copy of this form is to be sent) Box 900, Dallas, TX 75221			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petroleum Co. GPM Gas Corporation	Address (Give address to which approved copy of this form is to be sent) Frank Phillips Bldg., Bartlesville, OK 74004			
If well produces oil or liquids, give location of tanks.	Unit NE/4	Sec. 26	Twp. 17S	Rge. 34E
Is gas actually connected?		When		
Yes		12-18-84		

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	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 10-10-84	Date Compl. Ready to Prod. 11-20-84		Total Depth 4750		P.B.T.D. 4741			
Elevations (DF, RKB, RT, GR, etc.) 4023 GR	Name of Producing Formation Grayburg-San Andres		Top Oil/Gas Pay 4542		Tubing Depth 4691			
Perforations 4552-90'					Depth Casing Shoe 4750			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE 12-1/4 7-7/8	CASING & TUBING SIZE 8-5/8 5-1/2		DEPTH SET 357 4750		SACKS CEMENT 250x (330 CF) 2200x (4344 CF) +400x (528 CF)			

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)

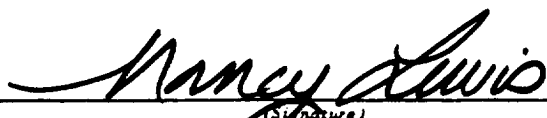
Date First New Oil Run To Tanks 11-24-84	Date of Test 12-17-84	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs.	Tubing Pressure 100	Casing Pressure 30	Choke Size -
Actual Prod. During Test 554 bbls.	Oil - Bbls. 32	Water - Bbls. 201	Gas - MCF 1

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.



Authorized Agent

(Title)

1-8-85

(Date)

OIL CONSERVATION COMMISSION

APPROVED FEB 26 1985, 19

BY ORIGINAL SIGNED BY JERRY SEXTON
TITLE DISTRICT 1 SUPERVISOR

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepener 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

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