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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-111  
Effective 1-1-65

Operator Mobil Producing Tx. & N.M. Inc.	
Address NINE GREENWAY PLAZA, STE 2700 HOUSTON, TX. 77046	
Reason(s) for filing (Check proper box)	
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 Bridges-State	Well No. 191	Pool Name, Including Formation Vacuum <i>Grass, S.R.</i>	Kind of Lease State, Federal or Fee State	Lease No. B-1520
Location				
Unit Letter H	2568	Feet From The N	Line and 136	Feet From The E
Line of Section 23	Township 17S	Range 34E	, NMPM, Lea 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. <i>EFFECTIVE: February 1, 1985</i>	Address (Give address to which approved copy of this form is to be sent) Phillips bldg., Bartlesville, OK 74004					
If well produces oil or liquids, give location of tanks.	Unit NE 1/4	Sec. 26	Twp. 17S	Rge. 34E	Is gas actually connected? yes	When 1-1-85

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 11-8-84	Date Compl. Ready to Prod. 12-18-84	Total Depth 4800	P.B.T.D. 4754					
Elevations (DF, RKB, RT, GR, etc.) 4025 GR	Name of Producing Formation San Andres	Top Oil/Gas Pay 4540	Tubing Depth 4734					
Perforations 4540-4582	Depth Casing Shoe 4800							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET			SACKS CEMENT			
12 1/4	8 5/8	1731			1400x C			
7 7/8	5 1/2	4800			1700x C			
4 3/4	2 7/8	4734						

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 12-13-84	Date of Test 12-31-84	Producing Method (Flow, pump, gas lift, etc.) pumping	
Length of Test 24 hrs.	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test 404	Oil - Bbls. 45	Water - Bbls. 120	Gas - MCF 59

GAS WELL

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

*W.B. Wood*  
(Signature)  
Authorized Agent  
(Title)  
1-11-85  
(Date)

OIL CONSERVATION COMMISSION  
APPROVED FEB - 6 1985, 19\_\_\_\_  
BY ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I SUPERVISOR  
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

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JAN 16 1985

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