

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

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U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

Operator Mobil Producing TX & NM Inc.	
Address 9 Greenway Plaza - Suite 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"/>
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. 198	Pool Name, including Formation Vacuum (G-SA)	Kind of Lease State, Federal or Fee State	Lease No. B-1520
Location				
Unit Letter <u>M</u> : <u>1310</u> Feet From The <u>S</u> Line and <u>1310</u> Feet From The <u>W</u>				
Line of Section <u>24</u> Township <u>17S</u> Range <u>34E</u> , 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 Company	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 type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petroleum Company	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. 24
	Twp. 17S	Range 34E
	Is gas actually connected? Yes 6-12-85	

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 <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 5-3-85	Date Compl. Ready to Prod. 6-11-85	Total Depth 4800		P.B.T.D. 4755					
Elevations (DF, RKB, RT, CR, etc., GR 4011'	Name of Producing Formation San Andres	Top Oil/Gas Pay 4521		Tubing Depth 4690					
Perforations 4521-4607		Depth Casing Shoe --							
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
20		13-3/8		35		3 yds			
12-1/4		8-5/8		1705		1400sx			
7-7/8		5-1/2		4800		1700sx			
		2-7/8		4690					

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 6-11-85	Date of Test 6-17-85	Producing Method (Flow, pump, gas lift, etc.) 2 x 1-1/2 x 24 pump	
Length of Test 24	Tubing Pressure --	Casing Pressure --	Choke Size --
Actual Prod. During Test 147	Oil - Bbls. 74	Water - Bbls. 152	Gas - MCF 39

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	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.

*Nancy Lewis*  
(Signature)

Authorized Agent

(Title)

6-24-85

(Date)

OIL CONSERVATION COMMISSION

JUL - 2 1985

APPROVED \_\_\_\_\_, 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 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