1.	DISTRIBUTION DISTRIBUTION SANTA-FE FILE U.S.G.S. LAND OFFICE TRANSPORTER OIL GAS OPERATOR PRORATION OFFICE	REQUEST	CONSERVATION COMMISSIC. FOR ALLOWABLE AND ANSPORT OIL AND NATURAL	From C-104 Supercodes Old C-104 and C-114 Effortive 1-1-65 GAS
	Mobil Producing TX & NM Inc.			
	Address 9 Greenway Plaza - Suite 2700 - Houston, TX 77046			
	Reeson(s) for filing (Check proper box) New Well Change in Transporter of:			
	Recompletion	Oll Dry G		•
	Change in Ownership	Casinghead Gas 🚺 Conde	insate	
	and address of previous owner			
I. 	DESCRIPTION OF WELL AND	Well No.; Pool Name, Including F	Formation Kind of Lea	
	North Vacuum Abo U	nit 277 North Vacuum	-1	rel or Fee State B-1520-1
	Unit Letter;;	North	ne and Feet From	East
	Line of Section 27 Te	wnahip 175 Range 34		Iea
- 1. 1	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA		County
ſ	None of Authorized Transporter of Oil	C er Condensate	Asdress (Give address to which appr	ould copy of this form is to be rent)
┢	Name of Authorized Transporter of Car	singhead Gas	BOX 900, Dallas, TX 7	5221 oved copy of this form is to be sent)
╞	Phillips Petroleum Co	y singhead Ges MEFPECTIVE: Febru mpany GPM Gas Corporation Unit Sec. Twp. Pge.	4 Frank Phillips Bldg.,	Bartlesville, OK 74004
L	If well produces oil or liquids, give location of tanks.	A 26 17 34	Yes	7-23-85
1 . (f this production is commingled with COMPLETION DATA	th that from any other lease or pool,	give commingling order number:	•
	Designate Type of Completic	on - (X) Oil Well Gas Well X	New Well Workover Deepen	Plug Back Same Resty. Diff. Resty.
t	Dete Spudded 6-5-85	Date Compl. Ready to Prod. 7-18-85	Total Depth	P.B.T.D.
+	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	8800 Top Cll/Gas Pay	8712 Tubing Depth
╞	KB 4053.5 Perforations	Abo	8583	SN @ 8654
Ļ	8583-8644			
t	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
F	17-1/2	13-3/8	400	500
┢	<u>12-1/4</u> 7-7/8	<u>8-5/8</u> 5-1/2L	<u> </u>	2500
t		2-7/8	SN @ 8654	1230
. 1	TEST DATA AND REQUEST FO	RALLOWABLE (Test must be aj able for this de	fer recovery of total volume of load of pth or be for full 24 houre)	and must be equal to or exceed top allow-
	die First New Oil Run To Tanks Date of Test		Producing Method (Flow, pump, gus lift, etc.)	
\mathbf{h}	7-18-85 Length of Test	7-23-85	pumping Casing Pressure	Choke Size
	24 hrs.			
Γ	Actual Pred. During Test	Oli-Bhis.	Water - Bbis.	Gas - MCF
L		203	18	268
	AS WELL			
ľ	Actual Pred. Test-MCF/D 501	Longth of Teet	Bbls. Cendensete/hbtCF	Grevity of Condensate 37.5 @ 60
Γ	Testing Method (pitet, back pr.)	Tubing Pressure (Sinst-in)	Casing Pressure (Stat-18)	Cheke Size
C	ERTIFICATE OF COMPLIANC	:Е	OIL CONSERV	
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.			APPROVED AUG = 5.1985	
	Manuel			
Authorized Agent (Tule) 7-30-85 (Dece)			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 sortions of this form must be filled out completely for allow- able 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 filled for each pool in multiply	

RECEIVED AUG - 5 1985

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