

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104  
Revised 10-01-78  
Format 08-01-83  
Page 1

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator Mobil Producing TX & NM Inc.

Address 9 Greenway Plaza, Suite 2700, Houston, TX 77046

Reason(s) for filing (Check proper box)

<input checked="" type="checkbox"/> New Well	Change in Transporter of:	Other (Please explain)
<input type="checkbox"/> 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

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lessee Name North Vacuum Abo Unit	Well No. 295	Pool Name, including Formation North Vacuum Abo	Kind of Lease State, Federal or Fee	State	Lease No.
Location					
Unit Letter 0 : 530 Feet From The South Line and 1850 Feet From The East					
Line of Section 15 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 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 checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips 66 Natural Gas Co. <b>GPM Gas Corporation</b>	Address (Give address to which approved copy of this form is to be sent) Box 2105, Hobbs, NM 88240
If well produces oil or liquids, give location of tanks.	Unit, Sec., Twp., Rge.
A, 14, 17S, 34E	Is gas actually connected? Yes
	When 5-13-86

If this production is commingled with that from any other lease or pool, give commingling order number:

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.

*Nancy Lewis*  
(Signature)  
Authorized Agent  
(Title)  
5-16-86  
(Date)

OIL CONSERVATION DIVISION

APPROVED **MAY 23 1986**, 19  
BY **Eddie W. Seay**  
TITLE **Oil & Gas Inspector**

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 deviatric 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 multiple completed wells.

#### IV. COMPLETION DATA

W. COMPLETION DATA									
Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res.
		X		X					
Date Spudded 3-5-86	Date Compl. Ready to Prod. 5-1-86		Total Depth 8900			P.B.T.D. 8868			
Elevations (DF, RKB, RT, CR, etc., KB - 4065.5	Name of Producing Formation Abo		Top Oil/Gas Pay 8707			Tubing Depth SN @ 8812			
Perforations 8707-8766						Depth Casing Shoe			

#### TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
1 1/2	13-3/8	432	500x
12 1/4	8-5/8	5000	2800x
7-7/8	5 1/2	4180-8900	1050x
	2-7/8	8812	

#### V. TEST DATA AND REQUEST FOR ALLOWABLE (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 5-1-86	Date of Test 5-13-86	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs.	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls. 45	Water - Bbls. 31	Gas - MCF 56

#### GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate 37.5 @ 60
Testing Method (prior, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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