1.	HO. OF COPIES RECEIVED DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE I RANSPORTER OIL GAS OPERATOR PRORATION OFFICE Operator Mob il Droducino Trace	REQUEST	ONSERVATION COMMON FOR ALLOWABLE AND INSPORT OIL AND NATURA	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65 AL GAS
	Mobil Producing Texas Address 9 GreenWay Plaza, Sui Reason(s) for filing (Check proper box) New Well Recompletion Change in Ownership If change of ownership give name and address of previous owner	te 2700, Houston, TX 77	Other (Please explain) To change Op Corporation.	erator name from Mobil Oil
11.		LEASE Well No. Pool Name, Including Fo 163 North Vac O Feet From The East Line mahip 17-S Range	Cuum-Abo State, Fe	deral or Foo State B-1520
111.	DESIGNATION OF TRANSPORT Name of Authorized Transporter of Oil Mobil Pipe Line Co. Name of Authorized Transporter of Cas Phillips Petroleum Com If well produces oil or liquids,		Address (Give address to which a	pproved copy of this form is to be sent) TX 75221 pproved copy of this form is to be sent) NM 88240 When
	give location of tanks. If this production is commingled wit <u>COMPLETION DATA</u> Designate Type of Completio Date Spudded	Oil Well Gas Well	New Well Workover Deeper	Plug Back Same Restv. Diff. Restv. P.B.T.D.
	Elevations (DF, RKB, RT, GR, etc.)       Name of Producing Formation       Top Oil/Gas Pay       Tubing Depth         Perforations       Depth Casing Shoe       Depth Casing Shoe         TUBING, CASING, AND CEMENTING RECORD       Depth Casing Shoe         HOLE SIZE       CASING & TUBING SIZE       DEPTH SET			
<b>V</b> .	TEST DATA AND REQUEST FO OIL WELL Date First New Oil Bun To Tanks		(ter recovery of total volume of load pth or be for full 24 hours) Producing Method (Flow, pump, g	oil and must be equal to or exceed top allow-
	Length of Teet Actual Prod. During Teet	Tubing Pressure Oil-Bbls.	Casing Pressure Water - Bbls.	Choke Size Gas•MCF
	GAS WELL Actual Prod. Test-MCF/D Testing Method (pitot, back pr.)	Length of Test Tubing Pressure (Shut-in)	Bbls. Condensate/MMCF Casing Pressure (Shut-in)	Gravity of Condensate Choke Size
	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.		APPROVED BY TITLE	Signed by Serton 1. Supe
	Authorized Agent (Title) October 31, 1979 (Date)		If this is a request for a well, this form must be accor- tests taken on the well in a All sections of this form able on new and recomplete Fill out only Sections well name or number, or trans	must be filled out completely for allow-