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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103  
Supersedes Old  
C-102 and C-103  
Effective 1-1-65

5a. Indicate Type of Lease  
State  Fee

5. State Oil & Gas Lease No.

SUNDRY NOTICES AND REPORTS ON WELLS  
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> <i>W 14</i>	7. Unit Agreement Name
2. Name of Operator <i>Mobil Oil Corporation</i>	8. Farm or Lease Name <i>Tract 11</i>
3. Address of Operator <i>Box 633, Midland, Texas 79701</i>	9. Well No. <i>1</i>
4. Location of Well UNIT LETTER <i>G</i> , <i>2310</i> FEET FROM THE <i>North</i> LINE AND <i>2310</i> FEET FROM THE <i>East</i> LINE, SECTION <i>25</i> TOWNSHIP <i>14-S</i> RANGE <i>37-E</i> NMPM.	10. Field and Pool, or Wildcat <i>DENTON WOLF CAMP</i>
15. Elevation (Show whether DF, RT, GR, etc.) <i>3812 DF</i>	12. County <i>Lea</i>

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>
OTHER <input type="checkbox"/>	OTHER <input type="checkbox"/>
PLUG AND ABANDON <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
CHANGE PLANS <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.  
*Plug & Abandon as Per attached Procedure*

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DEC 23 1970

OIL CONSERVATION COMM.  
DALLAS, TEXAS

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED *J. McDaniel* TITLE *Authorized Person* DATE *12-23-70*

APPROVED BY *J. J. Kelley* TITLE *SUPERVISOR DISTRICT* DATE *DEC 23 1970*

CONDITIONS OF APPROVAL, IF ANY:

MIDLAND E & P DIVISION

WELL WORK RECOMMENDATIONS  
Proposals for Well Reconditioning and Subsurface Maintenance  
Workovers, Expense DD's, PB's, and Conversions

Lease: DENTON H WOLF CAMP Well No. 17-1

Field: DENTON H WOLF CAMP

County: LEA State: N.M.

RECOMMENDED PROCEDURE:

1. Plug and Abandon

1. M.I. Csg. P.U. run  $2\frac{3}{8}$ " dia. 107 DR Plug for 5 1/2"  
Packer Model D Packer, set plug in Packer @ 2320'  
dump 5 ex of cement on top of plug.

2. Load hole with 9.5" mud later fluid by circulation  
method.

3. Lay down  $2\frac{3}{8}$ " dia. later on to 9 5/8" csg. locate  
free point. If more than 1500' of 9 5/8" is recoverable,  
shoot off csg. full and lay down.

4a. If csg. can be recovered, set 25 ex cement  
plug across 9 5/8" stub and a 25 ex cement plug  
across 13 3/8" csg. shoe @ 2600'. A 10 ex cement  
plug is to be set @ the surface.

4b. If not enough csg. is recoverable, the only other  
plug that has to be set, is a 10' ex plug @ the  
surface.

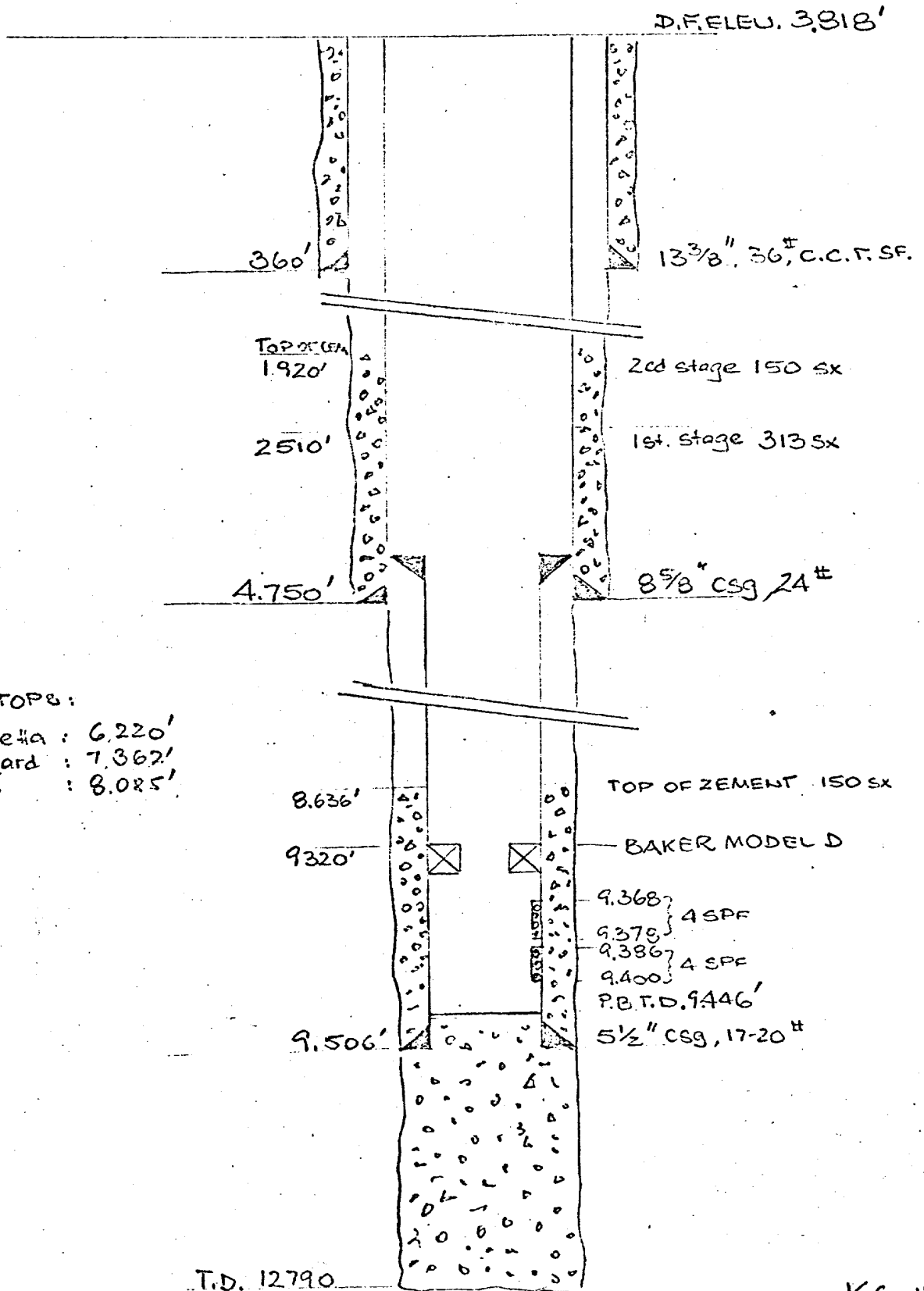
5. Set monument.

DENTON - WOLFCAMP

TRACT 17 - WELL #1

2310' f.N.L. - 2310' f.E.L.

UNIT G, SEC 25, T14S, R37E  
LEA COUNTY, NEW MEXICO



FORMATION TOPS:

Glorieta : 6,220'  
Drinkard : 7,362'  
Abo : 8,025'

T.D. 12790

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PRODUCTION 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-110  
 Effective 1-1-65

**HOBBS OFFICE O. C. C.**  
**NOV 29 11 45 AM '66**

**I. OPERATOR**  
 Operator: Mobil Oil Corporation  
 Address: P. O. Box 633, Midland, Texas 79701

Reason(s) for filing (Check proper box)  
 New Well  Change in Transporter of:  
 Recompletion  Oil  Dry Gas   
 Change in Ownership  Casinghead Gas  Condensate

Other (Please explain) \_\_\_\_\_

If change of ownership give name and address of previous owner \_\_\_\_\_

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name Denton North Well No. 1 Pool Name, including Formation Denton Wolfcamp Kind of Lease State, Federal or Fee Lease No. \_\_\_\_\_  
Wolfcamp Unit Tract 17 Fee \_\_\_\_\_

Location  
 Unit Letter G; 2310 Feet From The North Line and 2310 Feet From The East  
 Line of Section 25 Township 14S Range 37E, NMPM, Lea County

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil  or Condensate   
Service Pipe Line Company Amoco Pipeline Co Address (Give address to which approved copy of this form is to be sent) 3411 Knoxville, Lubbock, Texas

Name of Authorized Transporter of Casinghead Gas  or Dry Gas   
The Atlantic Refining Company Address (Give address to which approved copy of this form is to be sent) P. O. Box 954, Dallas, Texas

If well produces oil or liquids, give location of tanks. Unit J Sec. 26 Twp. 14S Rge. 37E Is gas actually connected? Yes When 1/1/66

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		
<b>TUBING, CASING, AND CEMENTING RECORD</b>								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		

**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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

**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.

John J. Thuro  
 (Signature)  
 Authorized Agent  
 (Title)  
 November 23, 1966  
 (Date)

OIL CONSERVATION COMMISSION

APPROVED NOV 30 1966, 19\_\_\_\_

BY ORIGINAL & THREE COPIES  
 SIGNED BY: ERIC F. ENGELBACH  
 TITLE ENGINEER DISTRICT No. 1

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 completed wells.