

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

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SANTA FE	
FILE	
U.S.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

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. 297	Pool Name, including Formation North Vacuum Abo	Kind of Lease State, Federal or Fee State	Lease No. B-1520-1
Location Unit Letter <u>K</u> : <u>1853</u> Feet From The <u>South</u> Line and <u>1987</u> Feet From The <u>West</u>				
Line of Section <u>14</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 checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Phillips 66 Natural Gas Co. GPM Gas Corporation	Address (Give address to which approved copy of this form is to be sent)	Box 2195, Hobbs, NM 88240
If well produces oil or liquids, give location of tanks.	Unit: <u>A</u> Sec: <u>14</u> Twp: <u>17S</u> Rge: <u>34E</u>	is gas actually connected? <u>Yes</u>	When <u>5-27-86</u>

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)

6-6-86

(Date)

OIL CONSERVATION DIVISION

APPROVED \_\_\_\_\_, 19\_\_\_\_

BY ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I SUPERVISOR

TITLE \_\_\_\_\_

This form is to be filed in compliance with RULE 1104.  
If this is a request for allowable for a newly drilled or deepens 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**

Designate Type of Completion - (X)		Oil Well X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'v.	Dill. Res'
Date Spudded 5-31-86	Date Compl. Ready to Prod. 5-14-86		Total Depth 8800			P.B.T.D. 8761			
Elevations (DF, RKB, RT, CR, etc.) KB - 4052.5	Name of Producing Formation Abo		Top Oil/Gas Pay 8584			Tubing Depth SN @ 8707			
Perforations 8584-8632						Depth Casing Shoe			

**TUBING, CASING, AND CEMENTING RECORD**

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17½	13-3/8	408	500 sx
12½	3-5/8	5000	3320 sx
7-7/8	5½ L	4215-8800	1000 sx
	2-7/8	SN @ 8707	

**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 5-14-86	Date of Test 5-27-86	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. 52	Gas - MCF 60

**GAS WELL**

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

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