

November 1983)  
formerly 5-331)

DEPARTMENT OF THE INTERIOR (Other Instructions on Reverse Side)  
BUREAU OF LAND MANAGEMENT

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—" for such proposals.)

OIL WELL ☐ GAS WELL ☐ OTHER WIW ☒

NAME OF OPERATOR

Mobil Producing TX & NM Inc.

ADDRESS OF OPERATOR

9 Greenway Plaza, Suite 2700, Houston, TX 77046

LOCATION OF WELL (Report location clearly and in accordance with any State requirements.)

See also space below.)

At surface

FEL  
1980' FSL & 660' FEL

RECEIVED BY

JUL - 2 1987

O. C. D.

ARTESIA, OFFICE

EXPIRED AUGUST 31, 1985

8. LEASE DESIGNATION AND SERIAL NO.

NM-06407C

9. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT ASSIGNMENT NAME

8. FARM OR LEASE NAME

West Henshaw Premier Unit Tr 10

8. WELL NO.

3

10. FIELD AND POOL, OR WILDCAT

Henshaw/Grayburg, West

11. SEC., T., R., M., OR BLM, AND  
STATUS OF AREA

Sec 5 T-16S R30E

12. COUNTY OR PARISH IS STATE

Eddy

New Mex.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

PRACTICE TREATMENT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

WELL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON\*

CHANGE PLANE

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

PRACTICE TREATMENT

SHOOTING OR ACIDIZING

(Other)

Pressure test

REPAIRING WELL

ALTERING CASING

ABANDONMENT\*

(NOTE: Report results of multiple completion or Well Completion or Recompletion Report and Log form.)

ALL WELLS PRODUCED OR COMPLETED OPERATIONS (Clearly state all pertinent details and give pertinent dates, including estimated date of starting and proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and above pertinent to this work.)

Date

Initial Pressure

15 Minute Pressure

5-20-87

550#

540#

Test witnessed by BLM Representative.

Original charts mailed to the NMOCDC on 6-2-87

Request authority to retain well in temporary abandonment status for one year.

I hereby certify that the foregoing is true and correct

SIGNED Laura J. Barlow

TITLE

MOBIL EXPLORATION & PRODUCING U.S. INC.  
AS AGENT FOR MOBIL PRODUCING TX & NM INC.

DATE

6-29-87

(This space for Federal or State office use)

APPROVED BY

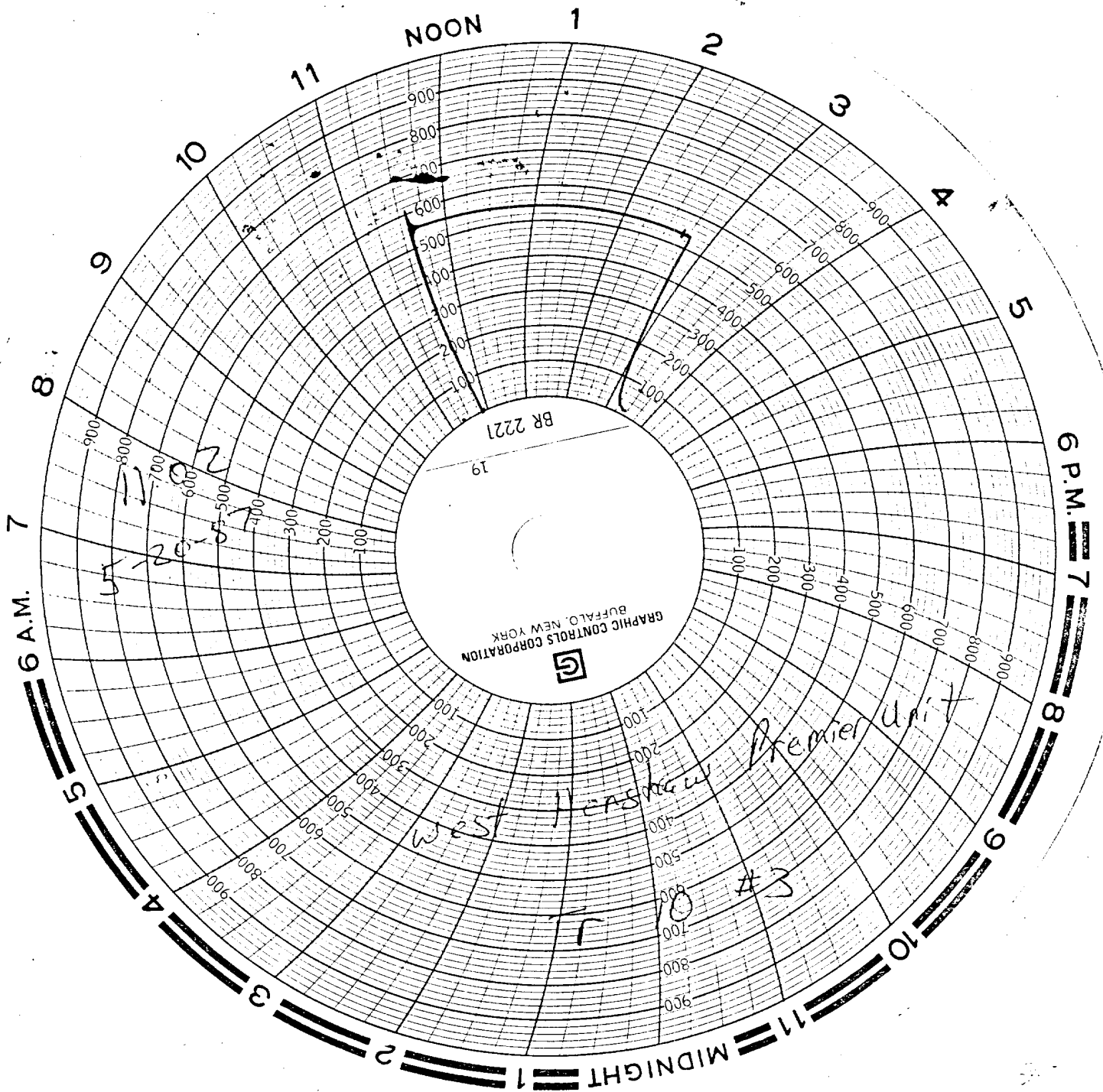
TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.



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TRANSPORTER	OIL	
	GAS	
OPERATOR		1
PRORATION 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

RECEIVED

NOV 1 1979

Operator Mobil Producing Texas & New Mexico Inc.		O. C. C. ARTESIA, OFFICE
Address 9 Greenway Plaza, Suite 2700, Houston, TX 77046		
Reason(s) for filing (Check proper box)		Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	To change Operator name from Mobil Oil Corporation. (Effective Date: 1-1-1980)
Recompletion <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>		

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name West Henshaw Unit Tract 10	Well No. Pool Name, Including Formation 3 West Henshaw Grayburg <del>Hoot</del>	Kind of Lease State, Federal or Fee Federal	Lease No. NM06407-E
Location Unit Letter <u>W</u> ; <u>660</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>East</u> Line of Section <u>5</u> Township <u>16-S</u> Range <u>30-E</u> , NMPM, <u>Eddy</u> County			

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)		
N/A Water Injection Well			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)		
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp. Pge.
			Is gas actually connected? When

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		
TUBING, CASING, AND CEMENTING RECORD								
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.

Becky Nayahr  
(Signature)

Authorized Agent  
(Title)

October 31, 1979  
(Date)

OIL CONSERVATION COMMISSION

JAN 24 1980

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

BY W. A. Gressett

TITLE SUPERVISOR DISTRICT D

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