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NEW MEXICO OIL CONSERVATION COMMISSION

SEP 29 1980

O. C. D.  
ARTESIA OFFICE

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

5a. Indicate Type of Lease	State <input checked="" type="checkbox"/> <del>Federal</del> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.	OG 789

**SUNDY NOTICES AND REPORTS ON WELLS**

DO NOT USE THIS FORM FOR APPLICATIONS TO OIL & GAS LEASES OR TO A DIFFERENT RESERVOIR.  
SEE "APPLICATION FOR DEWANT" (FORM C-101) FOR SUCH PURPOSES.

1. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER: <b>Water Injection Well</b>	7. Unit Agreement Name
2. Name of Operator <b>Mobil Producing TX. &amp; N.M. Inc. ✓</b>	8. Farm or Lease Name <b>W. Henshaw Premier Unit</b>
3. Address of Operator <b>9 Greenway Plaza, Suite 2700 - Houston, Texas 77046</b>	9. Well No. <b>Tr. 13 #4</b>
4. Location of Well UNIT LETTER <b>E</b> <b>2330</b> FEET FROM THE <b>N</b> LINE AND <b>467</b> FEET FROM THE <b>West</b> LINE, SECTION <b>2</b> TOWNSHIP <b>16-S</b> RANGE <b>30-E</b> NMPM.	10. Field and Pool, or Wildcat <b>West Henshaw Grayburg</b>
15. Elevation (Show whether DF, KT, GR, etc.) <b>3913 DF GR</b>	12. County <b>Eddy</b>

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"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>	OTHER <b>Casing Leak Survey</b> <input checked="" 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.

Well dug out to bradenhead, valve installed with riser and second valve above surface. Inspected and approved by NMED representative on 7-25-80. J. O. Carson, Production Supervisor, Represented Mobil.

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

SIGNED D. K. Woods TITLE Authorized Agent DATE 9-25-80

APPROVED BY M. W. [Signature] TITLE OIL AND GAS INSPECTOR DATE SEP 30 1980

CONDITIONS OF APPROVAL, IF ANY:

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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

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NOV 1 1979

I. Operator  
Mobil Producing Texas & New Mexico Inc.  
Address  
9 Greenway Plaza, Suite 2700, Houston, TX 77046  
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)  
To change Operator name from Mobil Oil Corporation.  
(Effective Date: 1-1-1980)  
If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name West Henshaw Unit Tract 13	Well No. 4	Pool Name, Including Formation West Henshaw Grayburg	Kind of Lease State, Federal or Fee <del>Federal</del>	Lease No.
Location Unit Letter E; 2330 Feet From The N Line and 467 Feet From The West Line of Section 2 Township 16-S Range 30-E, NMPM, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> N/A Water Injection Well	Address (Give address to which approved copy of this form is to be sent)
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. Rge. 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			
Posted 3-8-80 FD 25 2/2/80								

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.

Bucky Neuzahi  
(Signature)  
Authorized Agent  
(Title)  
October 31, 1979  
(Date)

OIL CONSERVATION COMMISSION  
APPROVED JAN 24 1980  
BY W.A. Gussott  
TITLE SUPERVISOR, DISTRICT II

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