

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

# 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 <input checked="" type="checkbox"/>	Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.	
B2131	

## 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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		7. Unit Agreement Name
2. Name of Operator		7. Unit Agreement Name
Phillips Petroleum Company		Vacuum Abo Unit
3. Address of Operator		8. Farm or Lease Name
Room B-2, Phillips Building, Odessa, Texas 79760		Vacuum Abo Unit Btry 2 Tract 13
4. Location of Well		9. Well No.
UNIT LETTER <b>F</b> , <b>1650</b> FEET FROM THE <b>north</b> LINE AND <b>1980</b> FEET FROM		10. Field and Pool, or Wildcat
THE <b>west</b> LINE, SECTION <b>4</b> TOWNSHIP <b>18S</b> RANGE <b>35E</b> NMPM.		Vacuum Abo Reef
15. Elevation (Show whether DF, RT, GR, etc.)		12. County
3,944'		Lea

## Check Appropriate Box To Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐  
TEMPORARILY ABANDON ☐  
PULL OR ALTER CASING ☐  
OTHER ☐

PLUG AND ABANDON ☐  
CHANGE PLANS ☐

SUBSEQUENT REPORT OF:  
REMEDIAL WORK ☐  
COMMENCE DRILLING OPNS. ☐  
CASING TEST AND CEMENT JOB ☐  
OTHER **Blanked off perforations to eliminate water.** ☒  
ALTERING CASING ☐  
PLUG AND ABANDONMENT ☐

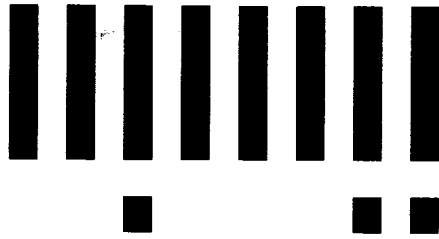
## 17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

On 1-27-68, MI & RU, Permian WS unit. Pulled tubing and packer. McCullough set CI BP at 8,868'. New total depth of well 8,868'. (Old TD of well 9,064'.) Blanked off Abo perfs 8879-94', 8897-8909', and 8986-96'. Left perfs 8799-8814', 8819-33', and 8839-57' open for production. Ran and set 2-3/8" tbg at 8536' with packer at 8527'. Swabbed and flow tested well. On 1-30-68, flowed 24 hrs, 14/64" choke, 177 BO, no water, GOR 390. Well restored to production status.

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

SIGNED W.J. Mueller TITLE Associate Reservoir Engr. DATE 2-1-68

APPROVED BY John W. Runyan TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:



**LTR**



**Job separation sheet**

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
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

I.

Operator <b>Phillips Petroleum Company</b>	
Address <b>Phillips Building, Odessa, Texas</b>	
Reason(s) for filing (Check proper box)	
New Well <input type="checkbox"/>	Change in Transporter of:
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 <input type="checkbox"/>
Other (Please explain) <b>To segregate wells by tank battery assignment.</b>	

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Vacuum Abo Unit Battery #2</b>	Well No. <b>11</b>	Pool Name, Including Formation <b>Vacuum Abo Reef</b>	Kind of Lease State, Federal or Fee	State <b>TX</b>	Case No.
Location					
Unit Letter <b>F</b>	<b>1650</b>	Feet From The <b>North</b>	Line and <b>1980</b>	Feet From The <b>West</b>	
Line of Section <b>4</b>	Township <b>18S</b>	Range <b>35E</b>	, NMPM, <b>Lea</b> 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"/>	Address (Give address to which approved copy of this form is to be sent)				
<b>Texas-New Mexico Pipe Line Company</b>	<b>Box 1510, Midland, Texas</b>				
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)				
<b>Phillips Petroleum Company</b>	<b>Phillips Building, Odessa, Texas</b>				
If well produces oil or liquids, give location of tanks.	Unit <b>F</b>	Sec. <b>4</b>	Twp. <b>18S</b>	Rge. <b>35E</b>	Is gas actually connected? <b>Yes</b> When <b>NR</b>

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 Restv.	Diff. Restv.
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)

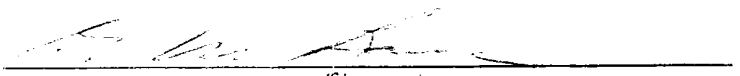
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

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.

  
(Signature)  
**Regional Office Supervisor**  
(Title)  
**July 13, 1967**  
(Date)

OIL CONSERVATION COMMISSION

APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY \_\_\_\_\_  
TITLE \_\_\_\_\_

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.