

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

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form O-111
Supersees O-104 and O-110
Effective 1-1-73

To become effective August 1, 1973.

Operator Mobil Oil Corporation	
Address P. O. Box 633, Midland, Texas 79701	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well ☐	Change of lease name due to unitization. Formerly Lea FE State Well #5.
Recompletion ☐	
Change in Ownership ☐	
Change in Transporter of: Oil ☐ Dry Gas ☐ Casinghead Gas ☐ Condensate ☐	

If change of ownership give name and address of previous owner Gulf Oil Corporation, Box 670, Hobbs, New Mexico 88240

II. DESCRIPTION OF WELL AND LEASE				
Lease Name North Vacuum Abo Unit	Well No. 217	Pool Name, including Formation North Vacuum-Abo	Kind of Lease State, Federal or Fee State	Lease No. E-580
Location				
Unit Letter F	2080	Feet From The North	Line and 2080	Feet From The West
Line of Section 11	Township 17-S	Range 34-E	NMPM, Lea	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS						
Name of Authorized Transporter of Oil ☒ or Condensate ☐ Mobil Pipeline Co.,	Address (Give address to which approved copy of this form is to be sent) Box 900, Dallas, TX Attn: Don Kennedy					
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ Phillips Pet. Co.	Address (Give address to which approved copy of this form is to be sent) Room B-2 Phillips Bldg., Odessa, TX					
If well produces oil or liquids, give location of tanks.	Unit D	Sec. 11	Twp. 17S	Rge. 34E	Is gas actually connected? Yes	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, CR, 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 (shot-in)	Casing Pressure (shot-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION	
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.		APPROVED JUL 27 1973, 19	
Christine O. Tucker (Signature)		BY Orig. Signed by Joe D. Ramsey Dist. I, Supv.	
Production Clerk (Title)		TITLE	
7-25-73 (Date)		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 transportation, or other such change of circumstance. This form must be filed for each well in unitized production.	