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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-11
Effective 1-1-65

I. Operator
Mobil Producing TX. & N.M. Inc.
Address
Nine Greenway Plaza, Suite 2700, Houston, Texas 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)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name North Vacuum Abo Unit	Well No. 233	Pool Name, including Formation Vacuum Abo, North	Kind of Lease State, Federal or Fee State	Lease No. B-1520
Location Unit Letter <u>A</u> : <u>660</u> Feet From The <u>North</u> Line and <u>460</u> Feet From The <u>East</u> Line of Section <u>12</u> Township <u>17S</u> Range <u>34E</u> , NMPM, <u>Lea</u> 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) P. O. Box 900, Dallas, Texas 75221
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petroleum Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 2105, Hobbs, New Mexico 88240
If well produces oil or liquids, give location of tanks.	Unit <u>A</u> Sec. <u>12</u> Twp. <u>17S</u> Rge. <u>34E</u> Is gas actually connected? <u>Yes</u> When <u>01/28/83</u>

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 <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 11/12/82	Date Compl. Ready to Prod. 01/28/83		Total Depth 8800		P.B.T.D. 8775			
Elevations (DF, RKB, RT, GR, etc., 4016' (GR)	Name of Producing Formation Abo		Top Oil/Gas Pay 8656		Tubing Depth 8770			
Perforations 8656-8725					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
DRIVEN	20		30		NA			
17-1/2	13-3/8		400		420			
12-1/4	8-5/8		5000		3033			
7-7/8	5-1/2		8798		1200			

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 01/30/83	Date of Test 02/08/83	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 Hours	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test 348 (BNO)	Oil-Bbls. 76	Water-Bbls. 0	Gas-MCF NA

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, 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.

Paula A. Collins
(Signature)

Authorized Agent

(Title)

02/14/83

(Date)

OIL CONSERVATION COMMISSION

APPROVED FEB 17 1983, 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 deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 1111.

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

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FEB 16 1983

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P. O. BOX 1000 LEVELLAND, TEXAS 79336
806 / 894-9686

DATE: DECEMBER 20, 1982

OPERATOR: MOBIL PRODUCING TX & NM
 NINE GREENWAY PLAZA - SUITE 2700
 HOUSTON, TX 77046

LEASE NAME & WELL NUMBER: NORTH VACUUM ABO UNIT #233

LEGAL DESCRIPTION: 660' FNL & 460' FEL SECTION 17, T 17-S RGE 34E

COUNTY & STATE: LEA, NEW MEXICO

MEASURED DEPTH	COURSE LENGTH	ANGLE OF INCLINATION	DISPLACEMENT PER 100 FEET	COURSE DISPLACEMENT	ACCUMULATIVE DISPLACEMENT
422	4.22	.75	1.31	5.53	5.53
917	4.95	.75	1.31	6.48	12.01
1,402	4.85	1.00	1.75	8.49	20.50
1,765	3.63	1.25	2.19	7.95	28.45
2,253	4.88	.75	1.31	6.39	34.84
2,668	4.15	1.00	1.75	7.26	42.10
3,153	4.85	.75	1.31	6.35	48.45
3,653	5.00	.75	1.31	6.55	55.00
4,148	4.95	1.00	1.75	8.66	63.66
4,404	2.56	1.00	1.75	4.48	68.14
4,925	5.21	1.00	1.75	9.12	77.26
5,000	.75	.75	1.31	.98	78.24

I declare under penalties prescribed in Article 6036c, R.S.C., that I am authorized to make this certification, that I have personal knowledge of the inclination data and facts placed on both sides of this form and that such data and facts are true, correct, and complete to the best of my knowledge.

A. L. Howard
SIGNATURE OF AUTHORIZED REPRESENTATIVE

Subscribed and sworn to before me this
21st day of December 19 82

Myron Humphrey Hocking
Notary Public County

(Commission expires 8-10-85)

NORTH VACUUM ABO UNIT 233

MOBIL PRODUCING TX & N.

(CONT.)

MEASURED DEPTH	COURSE LENGTH	ANGLE OF INCLINATION	DISPLACEMENT PER 100 FEET	COURSE DISPLACEMENT	ACCUMULATIVE DISPLACEMENT
5,500	5.00	1.00	1.75	8.75	86.99
6,015	5.15	.75	1.31	6.75	93.74
6,508	4.93	.50	.88	4.34	98.08
6,689	1.81	.75	1.31	2.37	100.45
7,196	5.07	1.00	1.75	8.87	109.32
7,692	4.96	.75	1.31	6.50	115.82
7,728	.36	1.00	1.75	.63	116.45
8,190	4.62	1.00	1.75	8.09	124.54
8,575	3.85	1.25	2.19	8.43	132.97
8,800	2.25	1.00	1.75	3.94	136.91