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NEW MEXICO OIL CONSERVATION COMMISSION

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

AUG 22 6 19 1966

5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. B-1520
7. Unit Agreement Name
8. Farm or Lease Name Bridges-State
9. Well No. 99
10. Field and Pool, or Wildcat Vacuum Blinebry
12. County Lea

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"/>
2. Name of Operator Mobil Oil Corporation
3. Address of Operator P. O. Box #633, Midland, Texas
4. Location of Well UNIT LETTER <u>I</u> <u>660</u> FEET FROM THE <u>East</u> LINE AND <u>1780</u> FEET FROM THE <u>South</u> LINE, SECTION <u>26</u> TOWNSHIP <u>T-17S</u> RANGE <u>R-34E</u> NMPM.
15. Elevation (Show whether DF, RT, GR, etc.) 4022' GL

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

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>

SUBSEQUENT REPORT OF:

REMEDIAL WORK <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER <input 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.

TD 6800' Perfs 6551' - 6638'

8/13/66. Chemical Engineering Co. treated Blinebry perfs down 2-3/8" tubing w/ 50 bbls lease crude containing 21 gals. Techni-Kleen #300 OS and 750 gals 5% HCl acid. Flushed w/ 20 bbls lease crude. TTP 1800 - 1000 psi; TCP - 0. Ave. Inj rate 3.2 BPM.

ISDTP 100 psi; 5 min SDTP vac. Job complete at 9:05 AM 8/12/66.

Production before treatment - 41 BOPD 1 BWPD GOR = 5000/1

Production after treatment - 82 BOPD 6 BWPD GOR = 2155/1

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

SIGNED

T.A. Payne

TITLE

Authorized Agent

DATE

8/19/66

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

REQUEST FOR (OIL) - ~~EXHIBIT~~ ALLOWABLE

New Well
Recompletion

This form shall be submitted by the operator before an initial allowable will be assigned to a new oil or gas well. Form C-104 is to be submitted in QUADRUPPLICATE to the same District Office to which Form C-101 was sent. The allowable will be assigned effective 7:00 A.M. on date of completion or recompletion, provided this form is filed during calendar month of completion or recompletion. The completion date shall be that date in the case of an oil well when new oil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

Hobbs, New Mexico

September 30, 1963

(Place)

(Date)

WE ARE HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS:

Secoay Mobil Oil Company, Inc.

State Fridges

Well No. **99**, in **NE** $\frac{1}{4}$ **SE** $\frac{1}{4}$,

(Company or Operator)

(Lease)

I

Sec. **26**

T. **17S**

R. **34E**

NMPM,

Vacuum Blinebry

Pool

Unit Letter

10a

County. Date Spudded **7/15/63**

Date Drilling Completed **8/12/63**

Please indicate location:

Elevation **4022**

Total Depth **6750** PBD **6681**

Top Oil/Gas Pay **6551**

Name of Prod. Form. **Blinebry**

PRODUCING INTERVAL -

Perforations **6551 - 6638**

Open Hole **-**

Depth

Casing Shoe **6750**

Depth

Tubing **6521**

OIL WELL TEST -

Natural Prod. Test: _____ bbls. oil, _____ bbls water in _____ hrs, _____ min. Size _____

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): **303** bbls. oil, **9** bbls water in **24** hrs, _____ min. Size **28/64**

GAS WELL TEST -

Natural Prod. Test: _____ MCF/Day; Hours flowed _____ Choke Size _____

Method of Testing (pitot, back pressure, etc.): _____

Test After Acid or Fracture Treatment: _____ MCF/Day; Hours flowed _____

Choke Size _____ Method of Testing: _____

Tubing, Casing and Cementing Record

Size Feet Sax

9 5/8"	1572	610
7"	6750	2432
2 3/8"	6521	

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): **3000 gal 15% HCl acid + sand oil frac. 35,000 gals + 70,000# 20-40 sand + 1/20" gal Adomite Mark II + 30 RCN ball sealers.**

Casing **Pkr.** Tubing **325-110** Date first new **9/12/63**

Oil Transporter **Magnolia Pipe Line Company**

Gas Transporter **Phillips Petroleum Company**

Remarks: **GOR 522, Gty. 38.1 @ 60°**

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

Approved _____, 19____

Secoay Mobil Oil Company, Inc.

(Company or Operator)

OIL CONSERVATION COMMISSION

By: **C. R. Mayne**

(Signature)

Title **Group Supervisor**

Send Communications regarding well to:

Name **Secoay Mobil Oil Company, Inc.**

Address **Box 1800, Hobbs, New Mexico**

By: _____

Title _____