

NEW MEXICO OIL CONSERVATION COMMISSION

NOV 12 8 19 AM '66

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| 5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/> |
| 5. State Oil & Gas Lease No. B-1527 |
| 7. Unit Agreement Name |
| 8. Farm or Lease Name |
| 9. Well No. State "K" |
| 10. Field and Pool, or Wildcat Vacuum Glorieta |
| 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 D 1980 FEET FROM THE East LINE AND 2110 FEET FROM THE South LINE, SECTION 31 TOWNSHIP 31 S RANGE 35 E NMPM. |
| 15. Elevation (Show whether DF, RT, GR, etc.) |

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"/> | REMEDIAL WORK <input checked="" type="checkbox"/> |
| TEMPORARILY ABANDON <input type="checkbox"/> | COMMENCE DRILLING OPNS. <input type="checkbox"/> |
| PULL OR ALTER CASING <input type="checkbox"/> | CASING TEST AND CEMENT JOB <input type="checkbox"/> |
| OTHER <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.

6200' TD 6163' PBTD

7-28-66. Glor. Perfs (6007 - 6047) OA.

B-J Service Company acidized w/7,500 gals 28% NE double inhibited acid and flushed w/5000 gals treated fresh water. TCP-O. Avg. Inj. rate 6.6 BPM, ISDCP Vac. Job complete @ 11:00 A.M. 7-27-66.

Prodn before Treatment: 29 BOPD No Water

Prodn after Treatment: 97 BOPD 5 BWPD Grav.= 38.6
GOR = 1599/l

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 8-10-66
APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: