

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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U.S.A.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 08-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
Texaco Producing Inc.

Address
P.O. Box 728, Hobbs, New Mexico 88240

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input type="checkbox"/> Condensate
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	

Other (Please explain)
Change of Operator from Texaco Inc. to Texaco Producing Inc. Effective 01/01/87

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name North Vacuum Abo West Unit	Well No. 20	Pool Name, including Formation Vacuum Abo North	Kind of Lease State, Federal or Fee State	Lease No. B-143-3
Location Unit Letter <u>L</u> : <u>1980</u> Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>West</u>				
Line of Section <u>27</u> Township <u>17S</u> Range <u>34E</u> , NMPM, Lea 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)
Mobil Pipeline Company	P.O. Box 900, Dallas, TX 75221
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)
Texaco Inc.	P.O. Box 728, Hobbs, NM 88240
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit <u>N</u> Sec. <u>21</u> Twp. <u>17S</u> Rge. <u>34E</u>	Yes <u>01/16/72</u>

If this production is commingled with that from any other lease or pool, give commingling order number: _____

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.

[Signature]
(Signature)

District Administrative Supervisor

(Title)

February 09, 1987

(Date)

OIL CONSERVATION DIVISION

APPROVED

APR 23 1987

BY

Geologist

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.

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HOBBS OFFICE

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

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LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease
State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.
B-143-3

SUNDRY NOTICES AND REPORTS ON WELLS <small>(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.)</small>	
1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- <input type="checkbox"/>	7. Unit Agreement Name North Vacuum Abo
2. Name of Operator TEXACO INC.	8. Farm or Lease Name West Unit
3. Address of Operator P.O. BOX 728, HOBBS, N.M. 88240	9. Well No. 20
4. Location of well UNIT LETTER <u>L</u> <u>1980</u> FEET FROM THE <u>South</u> LINE AND <u>660</u> FEET FROM THE <u>West</u> LINE, SECTION <u>27</u> TOWNSHIP <u>17S</u> RANGE <u>34E</u> NMPM.	10. Field and Pool, or Wildcat Vacuum Abo North
15. Elevation (Show whether DF, RT, GR, etc.)	12. County Lea

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"/>
PLUG AND ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
CHANGE PLANS <input type="checkbox"/>	PLUG AND ABANDONMENT <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.

1. Rigged up. POH w/production equipment.
2. Perfed w/2 SPI 8654-58', 8663-67', 8672-85', 8711-27', 8734, 8748-49'. (44 Int/88 hles.)
3. Spotted w/200 gal. 15% NEFE acid across perfs 8654-8776'.
4. Acidized 2000 gal. 15% NE acid, 300# RS in gel brine. P/2000 gal acid, 300# RS, 2000 gal acid. Flushed w/50 bbls. FW.
5. Sqzd. 2 DR scale inhib. mxd. w/25 Bbls. FW. Flushed w/125 bbls. FW.
6. RIH w/production equipment. Test and place on production.

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

SIGNED W. B. Loh TITLE Dist. Opr. Mgr. DATE 8/20/85

ORIGINAL SIGNED BY JERRY SEXTON
APPROVED BY DISTRICT 1 SUPERVISOR TITLE _____ DATE AUG 23 1985
CONDITIONS OF APPROVAL, IF ANY:

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AUG 22 1985

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OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-73

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LAND OFFICE	
OPERATOR	

3a. Indicate Type of Lease	
State <input checked="" type="checkbox"/>	Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. B-143-3	

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.)

OIL WELL ☒ GAS WELL ☐ OTHER ☐

Name of Operator
EXACO Inc.

Address of Operator
P.O. Box 728, Hobbs, N.M. 88240

Location of Well
UNIT LETTER L 1980 FEET FROM THE South LINE AND 660 FEET FROM
THE West LINE, SECTION 27 TOWNSHIP 17S RANGE 34E NMPM.

7. Unit Agreement Name
North Vacuum Abo
West Unit

8. Farm or Lease Name

9. Well No.
20

10. Field and Pool, or Wildcat
Vacuum Abo North

15. Elevation (Show whether DF, RT, GR, etc.)
4047' GR

12. County
Lea

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

FORM REMEDIAL WORK ☒
TEMPORARILY ABANDON ☐
OR ALTER CASING ☐
OTHER ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐
OTHER ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOBS ☐
OTHER ☐

ALTERING CASING ☐
PLUG AND ABANDONMENT ☐
OTHER ☐

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.

Rig up. Pull rods and pump. Install BOP.
Perf w/2 JSPI: 8654-58, 8663-67', 8672-85', 8711-27', 8734', 8748-49', 39' (88 holes).
Spot w/100 gal Xylene and 100 gal 15% NEFE acid over perfs 8654-8776'.
Acidize perfs 8686-8776 w/6000 gal 15% NEFE acid in 3 stages w/300# GRS between stages. Flush w/50 bbls. water.
Squeeze w/2 drums scale inhibitor mixed w/25 bbls. fresh water into formation.
Run production tbg., rods and pump. Place well on production.

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

W.B. Lick

TITLE Dist. Opr. Mgr.

DATE April 17, 1985

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT 1 SUPERVISOR

APR 22 1985

ED BY
TIONS OF APPROVAL, IF ANY:

TITLE

DATE

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APR 19 1985

U.S. DEPT. OF JUSTICE
HOLDS CASE