

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO. <u>30-025-28601</u>
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. B-1520-1
7. Lease Name or Unit Agreement Name NORTH VACUUM ABO UNIT
8. Well No. 241
9. Pool name or Wildcat VACUUM ABO, NORTH
10. Elevation (Show whether DF, RKB, RT, GR, etc.)

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. Type of Well:
OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. Name of Operator
Mobil Producing TX & NM Inc.*

3. Address of Operator *Mobil Exploration & Producing U.S. Inc., as Agent for Mobil
Producing TX & NM Inc.; P.O. Box 633, Midland, TX 79702

4. Well Location
Unit Letter K : 1882 Feet From The SOUTH Line and 2001 Feet From The WEST Line
Section 26 Township 17S Range 34E NMPM LEA County

11. 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"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <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"/>	

12. 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.

11-8-89 MIRU POH W/RODS AND PUMP.
11-9-89 POH W/2 7/8 TBG. PRESS. TESTED CSG TO 500#/HELD/OK
11-10-89 STIM PERFS W/1000 GALS 15% DI NEFE HCL
11-11-89 RIH W/PUMP & RODS. RD & REL PERMIAN WELL SERVICE.
TURN WELL TO PRODUCTION.

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

SIGNATURE Shirley Todd TITLE Proration Analyst DATE 12-5-89
TYPE OR PRINT NAME SHIRLEY TODD TELEPHONE NO. 688-2585

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

DEC 08 1989

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LAND OFFICE	
OPERATOR	

Form C-105
Revised 11-1-8

NEW MEXICO OIL CONSERVATION COMMISSION
WELL COMPLETION OR RECOMPLETION REPORT AND LOG

5a. Indicate Type of Lease	
State <input checked="" type="checkbox"/>	Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.	
B-1520-1	

1a. TYPE OF WELL	
OIL WELL <input checked="" type="checkbox"/>	GAS WELL <input type="checkbox"/>
NEW WELL <input checked="" type="checkbox"/>	WORK OVER <input type="checkbox"/>
DEEPEN <input type="checkbox"/>	PLUG BACK <input type="checkbox"/>
DIFF. RESVR. <input type="checkbox"/>	OTHER <input type="checkbox"/>

7. Unit Agreement Name
North Vacuum Abo Unit
8. Farm or Lease Name

2. Name of Operator
Mobil Producing TX. & N.M. Inc.
3. Address of Operator
Nine Greenway Plaza, Suite 2700, Houston, Texas 77046
4. Location of Well

9. Well No.
241
10. Field and Pool, or Wildcat
Vacuum Abo, North

UNIT LETTER K LOCATED 1882 FEET FROM THE South LINE AND 2001 FEET FROM THE West LINE OF SEC. 26 TWP. 17S RGE. 34E NMPM

12. County
Lea

15. Date Spudded	16. Date T.D. Reached	17. Date Compl. (Ready to Prod.)	18. Elevations (DF, RAB, RT, GR, etc.)	19. Elev. Casinghead
05/05/84	06/01/84	06/23/84	4025 GR	4025 GR
20. Total Depth	21. Plug Back T.D.	22. If Multiple Compl., How Many	23. Intervals Drilled By	Rotary Tools
8700	8695		0-8700	Cable Tools

24. Producing Interval(s), of this completion - Top, Bottom, Name	25. Was Directional Survey Made
8494-8666 Abo	No

26. Type Electric and Other Logs Run	27. Was Well Cored
Compensated Density Dual Spaced Neutron Dual Spaced Neutron, Dual Guard-Foroxo, Compensated Acoustic Velocity,	No

28. CASING RECORD (Report all strings set in well)					
CASING SIZE	WEIGHT LB./FT.	DEPTH SET	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
13-3/8	48#	400	17-1/2	400x C (528 cu.ft.,circulated)	
8-5/8	32#	5000	12-1/4	3300x C (6516 cu.ft.,circulated)	
			7-7/8		

29. LINER RECORD					30. TUBING RECORD		
SIZE	TOP	BOTTOM	SACKS CEMENT	SCREEN	SIZE	DEPTH SET	PACKER SET
5-1/2	4197	8699	1050		2-7/8	OPMA @ 8686	SN @ 8686

31. Perforation Record (Interval, size and number)	32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.
Perf w/1JSPF @ 8609-26, 8661-66 (24 holes)	DEPTH INTERVAL
Perf w/1JSPF @ 8494-99, 8506-11, 8525-41 (29 holes)	AMOUNT AND KIND MATERIAL USED
	8609-8666 Acidized w/4800 gals 15% NEA Fe
	8494-8541 Acidized w/5800 gals 15% DINE
	Fe HCl

33. PRODUCTION							
Date First Production		Production Method (Flowing, gas lift, pumping - Size and type pump)				Well Status (Prod. or Shut-in)	
06/23/84		2 x 1-1/4 x 24 pump				producing	
Date of Test	Hours Tested	Choke Size	Prod'n. Per Test Period	Oil - Bbl.	Gas - MCF	Water - Bbl.	Gas - Oil Ratio
07/04/84	24			107	1	36	12
Flow Tubing Press.	Casing Pressure	Calculated 24-Hour Rate	Oil - Bbl.	Gas - MCF	Water - Bbl.	Oil Gravity - API (Corr.)	
						37.6 @ 60	

34. Disposition of Gas (Sold, used for fuel, vented, etc.)	Test Witnessed By
Sold	T. J. Auld

35. List of Attachments
Form C-104, Logs, Record Of Inclination

36. I hereby certify that the information shown on both sides of this form is true and complete to the best of my knowledge and belief.		
SIGNED <u>Paula W. Collins</u>	TITLE <u>Authorized Agent</u>	DATE <u>07/19/84</u>