

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

Form C-104
Revised 10-01-78
Format 06-01-83
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SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRODUCTION OFFICE		

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
Mobil Producing TX & NM Inc.

Address
9 Greenway Plaza, Suite 2700, Houston, TX 77046

Reason(s) for filing (Check proper box)

<input checked="" type="checkbox"/> New Well	Change in Transporter of:	
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	<input type="checkbox"/> 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. 286	Pool Name, including Formation North Vacuum Abo	Kind of Lease State, Federal or Fee State	Lease No. B-1520-1
Location Unit Letter <u>O</u> : <u>540</u> Feet From The <u>South</u> Line and <u>1930</u> Feet From The <u>East</u> Line of Section <u>26</u> Township <u>17-S</u> Range <u>34-E</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 Co.	Address (Give address to which approved copy of this form is to be sent) Box 900, Dallas, TX 75221
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petroleum Co. GPM Gas Corporation	Address (Give address to which approved copy of this form is to be sent) Box 2105, Hobbs, NM 88240
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
A 26 17 34	yes 12/24/85

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.

Nancy Lewis
(Signature)

Authorized Agent

(Title)

12-27-85

(Date)

OIL CONSERVATION DIVISION

DEC 31 1985

APPROVED _____, 19____

BY _____ ORIGINAL SIGNED BY JERRY SEXTON

TITLE _____ DISTRICT I SUPERVISOR

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.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 10/18/85	Date Compl. Ready to Prod. 12/12/85		Total Depth 8700		P.B.T.D. 8660				
Elevations (DF, RKB, RT, GR, etc.) KB-4033.5	Name of Producing Formation abo		Top Oil/Gas Pay 8434		Tubing Depth SN @ 8570				
Perforations 8434-8562						Depth Casing Shoe			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17½	13-3/8	400	500x
12½	9-5/8	5000	2725x
7-7/8	5½	8700	1050x
	2-7/8	SN @ 8570	

V. TEST DATA AND REQUEST FOR ALLOWABLE (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 12/12/85	Date of Test 12/24/85	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls. 55	Water - Bbls. 147	Gas - MCF 63

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate 37.2 @ 60°
Testing Method (puot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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OFFICE

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

WELL COMPLETION OR RECOMPLETION REPORT AND LOG

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1a. TYPE OF WELL OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> DRY <input type="checkbox"/> OTHER <input type="checkbox"/> b. TYPE OF COMPLETION 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 & NM Inc. 3. Address of Operator 9 Greenway Plaza, Suite 2700, Houston, TX 77046				9. Well No. 286 10. Field and Pool, or Wildcat North Vacuum Abo	
4. Location of Well UNIT LETTER 0 LOCATED 540 FEET FROM THE South LINE AND 1930 FEET FROM East LINE OF SEC. 26 TWP. 17-S RGE. 34-E NMPM				12. County Lea	
15. Date Spudded 10/18/85		16. Date T.D. Reached 11/06/85		17. Date Compl. (Ready to Prod.) 12/12/85	
18. Elevations (DF, RKB, RT, GR, etc.) KB-4033.5		19. Elev. Casinghead 4016			
10. Total Depth 8700		21. Plug Back T.D. 8660		22. If Multiple Compl., How Many 23. Intervals Drilled By Rotary Tools X Cable Tools	
4. Producing Interval(s), of this completion - Top, Bottom, Name 8434-8562 Abo					25. Was Directional Survey Made NO
6. Type Electric and Other Logs Run CN/LD, BHC Sonic, GR/Sp, Dual Ind/SFL, Cyberlook					27. Was Well Cored NO
8. 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	500 x C	circ 165 x
9-5/8	53.5#	5000	12 1/4	2525 x C Neat + 200 x C	circ 140 x
5 1/2	15.5, 17, 20#	8700	7-7/8	1050 x H	circ
9. LINER RECORD					
SIZE	TOP	BOTTOM	SACKS CEMENT	SCREEN	
30. TUBING RECORD				SIZE DEPTH SET PACKER SET 2-7/8 SN @ 8570 TAC @ 8378	
11. Perforation Record (Interval, size and number) perf Abo w/LJSPF 8434-8562 OA (40 holes)			32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC. DEPTH INTERVAL AMOUNT AND KIND MATERIAL USED 8434-8562 acidz w/10200 gal 15% Nefe HCl + 80 RCNBS, fl w/52 bbl 2% KCl wtr SWF w/88000 gal 40# X-INK gal + 15000# 20/40 sd + 16000# 20/40 interprop, fl w 5200 gal 2% KCl		
PRODUCTION First Production 12/12/85 Production Method (Flowing, gas lift, pumping - Size and type pump) 2 1/2 x 1 1/4 x 24 pump Well Status (Prod. or Shut-in) producing					
Date of Test	Hours Tested	Choke Size	Prod'n. For Test Period	Oil - Bbl.	Gas - MCF
12/24/85	24			55	63
Flow Tubing Press.	Casing Pressure	Calculated 24-Hour Rate	Oil - Bbl.	Gas - MCF	Water - Bbl.
					147
Disposition of Gas (Sold, used for fuel, vented, etc.) Sold					Oil Gravity - API (Corr.) 37.2 @ 60
List of Attachments Logs, Inclination Report, C-104					Test Witnessed By T.J. Auld
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 <i>Nancy Lewis</i>			TITLE Authorized Agent		DATE 12-27-85

INSTRUCTIONS

This form is to be filed with the appropriate District Office of the Division not later than 20 days after the completion of any newly-drilled or deepened well. It shall be accompanied by one copy of all electrical and radio-activity logs run on the well and a summary of all special tests conducted, including drill stem tests. All depths reported shall be measured depths. In the case of directionally drilled wells, true vertical depths shall also be reported. For multiple completions, Items 30 through 34 shall be reported for each zone. The form is to be filed in quintuplicate except on state land, where six copies are required. See Rule 1105.

INDICATE FORMATION TOPS IN CONFORMANCE WITH GEOGRAPHICAL SECTION OF STATE

Southeastern New Mexico

T. Anhy _____
T. Salt _____
B. Salt _____
T. Yates _____ 2827
T. 7 Rivers _____
T. Queen _____ 3745
T. Grayburg _____
T. San Andres _____ 4422
T. Glorieta _____ 5900
T. Paddock _____ 6038
T. Blinberry _____ 6600
T. Tubb _____ 7255
T. Drinkard _____
T. Abo _____ 7980
T. Wolfcamp _____
T. Penn. _____
T. Cisco (Bough C) _____

Northwestern New Mexico

T. Ojo Alamo _____
T. Kirtland-Fruitland _____
T. Pictured Cliffs _____
T. Cliff House _____
T. Menefee _____
T. Point Lookout _____
T. Mancos _____
T. Gallup _____
Base Greenhorn _____
T. Dakota _____
T. Morrison _____
T. Todilto _____
T. Entrada _____
T. Wingate _____
T. Chinle _____
T. Permian _____
T. Penn. "A" _____

OIL OR GAS SANDS OR ZONES

No. 1, from _____ to _____
No. 2, from _____ to _____
No. 3, from _____ to _____
No. 4, from _____ to _____
No. 5, from _____ to _____
No. 6, from _____ to _____

IMPORTANT WATER SANDS

Include data on rate of water inflow and elevation to which water rose in hole.

No. 1, from _____ to _____ feet
No. 2, from _____ to _____ feet
No. 3, from _____ to _____ feet
No. 4, from _____ to _____ feet

FORMATION RECORD (Attach additional sheets if necessary)

From	To	Thickness in Feet	Formation	From	To	Thickness in Feet	Formation
1530	2827	1297	Anhydrite				
2827	3745	918	Sand				
3745	4422	677	Sand & Limestone				
4422	5900	1478	Dolomite				
5900	6038	138	Sand & Limestone				
6038	6600	562	Carbonate				
6600	7255	655	Carbonate				
7255	7980	725	Sand, Shale & Dolomite				
7980	8700	720	Shale & Dolomite				

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