

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

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. 288	Pool Name, including Formation North Vacuum Abo	Kind of Lease State, Federal or Fee	Lease No. B-1520-1
Location				
Unit Letter O	545	Feet From The South	Line and 1880	Feet From The East
Line of Section 27	Township 17S	Range 34E	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"/> 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"/> EFFECTIVE February 1, 1992 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.	Is gas actually connected? When
Unit A	Sec. 26
Twp. 17	Rge. 34
Yes 1-13-86	

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)
1-16-86
(Date)

OIL CONSERVATION DIVISION

APPROVED JAN 22 1986, 19
BY ORIGINAL SIGNED BY DISTRICT SUPERVISOR
TITLE

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 11-11-85	Date Compl. Ready to Prod. 12-28-85	Total Depth 8850		P.B.T.D. 8840					
Elevations (DF, RKB, RT, CR, etc.), KB-4057.5	Name of Producing Formation Abo	Top Oil/Gas Pay 8636		Tubing Depth SN @ 8790					
Perforations 8636-8782							Depth Casing Shoe --		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2	13-3/8	400	500x
12-1/4	9-5/8	5000	2310x
7-7/8	5-1/2 L	4194-8850	1075x

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 12-28-85	Date of Test 1-13-86	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. 68	Water - Bbls. 44	Gas - MCF 80

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate 37.5 @ 60°
Testing Method (plot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

RECEIVED
JAN 21 1986
O.C.D.
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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5a. Indicate Type of Lease
State ☒ Fee ☐
5. State Oil & Gas Lease No.
B-1520-1

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
Mobil Producing TX & NM Inc.
Address of Operator
9 Greenway Plaza, Suite 2700, Houston, TX 77046
Location of Well
UNIT LETTER 0, 545 FEET FROM THE South LINE AND 1880 FEET FROM
THE East LINE, SECTION 27 TOWNSHIP 17S RANGE 34E NMPM.

7. Unit Agreement Name
North Vacuum Abo Unit
8. Farm or Lease Name
9. Well No.
288
10. Field and Pool, or Wildcat
North Vacuum Abo

15. Elevation (Show whether DF, RT, GR, etc.)
GL - 4040
12. County
Lea

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 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"/>
REPAIR OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input checked="" type="checkbox"/>	

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.

11-23/28-85 Drlg
11-29-85 TD 7-7/8" hole
11-30-85 Logging
12-1-85 RIH w/34 jts 5½" 17# N80 LT&C + 78 jts 5½" 15.5# K55 ST&C w/15 centl, cmt on btm @ 8850 w/1075 x C1 H, TOL @ 4194, drlg cmt to 4194, displ csg w/FW, PT 1000#/½ hr/OK, Rel Moranco Rig #6.

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

Nancy Lewis TITLE Authorized Agent DATE 12-11-85
ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT 1 SUPERVISOR
DATE DEC 17 1985
CONDITIONS OF APPROVAL, IF ANY:

RECEIVED
DEC 16 1985
C.C.P.
HOBBS OFFICE