

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-103  
Revised 1-1-89

**OIL CONSERVATION DIVISION**

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

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

WELL API NO.  
**30-025-29433**

5. Indicate Type of Lease  
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

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.)

7. Lease Name or Unit Agreement Name  
**NORTH VACUUM ABO UNIT**

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

2. Name of Operator  
**MOBIL PRODUCING TX & NM INC.\* \*MOBIL EXPLORATION & PRODUCING**

8. Well No.  
**289**

3. Address of Operator  
**AS AGENT FOR MPTM , BOX 633, MIDLAND, TX 79702**

9. Pool name or Wildcat  
**VACUUM, NORTH ABO**

4. Well Location  
Unit Letter **G** : **1980** Feet From The **FNORTH** Line and **1980** Feet From The **EAST** Line  
Section **27** Township **T-17-S** Range **R-34-E** **NMPM LEA** County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)  
**GL 4042**

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

**NOTICE OF INTENTION TO:**

PERFORM REMEDIAL WORK ☒ PLUG AND ABANDON ☐  
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐  
PULL OR ALTER CASING ☐  
OTHER: ☐

**SUBSEQUENT REPORT OF:**

REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐  
CASING TEST AND CEMENT JOB ☐  
OTHER: ☐

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.

09-19-94 MIRU XPRT #17. UNSEAT PUMP & TOH W/RODS & PUMP. PRESS TEST TO 3600#, OK. ND  
WELLHEAD, REL TAC & NU BOP. TOH W/PROD TBG.  
09-20-94 RUN GR/CCL LOG. PERF 8730-8724 W/4 JSPF; 8656-8710 W/2 JSPF; 8636-8630 W/4 JPSF. PU  
PKR & SN & RIH W/TBG TO 8493.  
09-21-94 SET PKR @ 8493; ACDZ W/7000 GAL 15% NEFE HCL ACID + 375 RCNBS. REL PKR & TOH W/PKR.  
RIH W/PERF SUB, SN, PROD TBG. ND BOP SET TAC W/20 K TENSION.  
09-22-94 PUMP & RIH W/CENTRALIZER, RODS. SET PUMP & SPACE OUT. TEST TBG TO 500#, OK. RDMO. REL  
TO PRODUCTION

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

SIGNATURE Kaye Pollock-Lyon TITLE ENV & REG TECHNICIAN DATE 10-13-94

TYPE OR PRINT NAME KAYE POLLOCK-LYON

TELEPHONE NO. 915-688-2584

(This space for State Use)

Printed by  
Bridgette  
Geologist

**OCT 17 1994**

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

## OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

## WELL COMPLETION OR RECOMPLETION REPORT AND LOG

NO. OF COPIES RECEIVED	
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LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease  
State ☒ Fee ☐

5. State Oil &amp; Gas Lease No.

B-1520-1

7. Unit Agreement Name

North Vacuum Abo Unit

8. Farm or Lease Name

9. Well No.

289

10. Field and Pool, or Wildcat

North Vacuum Abo

12. County

Lea

1a. TYPE OF WELL

OIL WELL ☒GAS WELL ☐DRY ☐

OTHER

b. TYPE OF COMPLETION

NEW WELL ☒WORK OVER ☐DEEPEN ☐PLUG BACK ☐DIFF. RESVR. ☐

OTHER

2. Name of Operator

Mobil Producing TX &amp; NM Inc.

3. Address of Operator

9 Greenway Plaza, Suite 2700, Houston, TX 77046

4. Location of Well

UNIT LETTER G LOCATED 1980 FEET FROM THE North LINE AND 1980 FEET FROMTHE East LINE OF SEC. 27 TWP. 17-S RGE. 34-E NMFM

15. Date Spudded

12-4-85

16. Date T.D. Reached

12-23-85

17. Date Compl. (Ready to Prod.)

1-16-86

18. Elevations (D.F., RKB, RT, GR, etc.)

GL 4042

19. Elev. Casinghead

4042

20. Total Depth

8850

21. Plug Back T.D.

8807

22. If Multiple Compl., How Many

23. Intervals Drilled By

Rotary Tools

X

Cable Tools

24. Producing Interval(s), of this completion - Top, Bottom, Name

8624-8710 Abo

25. Was Directional Survey Made

No

26. Type Electric and Other Logs Run

CND, CN-FD, Dual Ind., BHC Sonic

27. Was Well Cored

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#	405	17-1/2	500x C	circ 118x
8-5/8	28, 32#	5000	12-1/4	2900x C Neat + 200x	circ 131x
			7-7/8		

29. LINER RECORD

30. TUBING RECORD

SIZE	TOP	BOTTOM	SACKS CEMENT	SCREEN	SIZE	DEPTH SET	PACKER SET
5-1/2	4214	8850	900x H		2-7/8	SN @ 8750	TAC @ 8508

31. Perforation Record (Interval, size and number)

Perf Abo w/1 JSPF @ 8624-26, 8656-60,  
8662-66, 8670-88, 8690-8710  
(53 holes)

32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.

DEPTH INTERVAL	AMOUNT AND KIND MATERIAL USED
8715-8515	Spot 200 gal 15% NEFE HCL.
8624-8710	Acidz w/13000 gal 15% NEFE HCL + 106 RCNBS. TR w/4 dr UC 756 SI, mix w/50 bbl 2% KCL, fl w/100 bbl

33. PRODUCTION

2% KCL wtr.

Date First Production 1-16-86		Production Method (Flowing, gas lift, pumping - Size and type pump) 2x1-1/4x24 pump					Well Status (Prod. or Shut-in) producing	
Date of Test 1-22-86	Hours Tested 24	Choke Size	Prod'n. For Test Period →	Oil - Bbl. 91	Gas - MCF 88	Water - Bbl. 18	Gas - Oil Ratio 967	
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.)

Sold

Test Witnessed By

T.J. Auld

35. List of Attachments

C-104 Inclination Report, Set of Logs

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

*Nancy Lewis*

TITLE

Authorized Agent

DATE

2-3-86

# 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 radioactivity 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 \_\_\_\_\_ 2848  
T. 7 Rivers \_\_\_\_\_  
T. Queen \_\_\_\_\_ 3810  
T. Grayburg \_\_\_\_\_  
T. San Andres \_\_\_\_\_ 4573  
T. Glorieta \_\_\_\_\_ 6005  
T. Paddock \_\_\_\_\_ 6189  
T. Blinbry \_\_\_\_\_ 6665  
T. Tubb \_\_\_\_\_ 6740  
T. Drinkard \_\_\_\_\_  
T. Abo \_\_\_\_\_ 8170  
T. Wolfcamp \_\_\_\_\_  
T. Penn. \_\_\_\_\_  
T. Cisco (Bough C) \_\_\_\_\_

T. Canyon \_\_\_\_\_  
T. Strawn \_\_\_\_\_  
T. Atoka \_\_\_\_\_  
T. Miss \_\_\_\_\_  
T. Devonian \_\_\_\_\_  
T. Silurian \_\_\_\_\_  
T. Montoya \_\_\_\_\_  
T. Simpson \_\_\_\_\_  
T. McKee \_\_\_\_\_  
T. Ellenburger \_\_\_\_\_  
T. Gr. Wash \_\_\_\_\_  
T. Granite \_\_\_\_\_  
T. Delaware Sand \_\_\_\_\_  
T. Bone Springs \_\_\_\_\_  
T. Rustler \_\_\_\_\_ 1573  
T. \_\_\_\_\_  
T. \_\_\_\_\_

### 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" \_\_\_\_\_  
T. Penn. "B" \_\_\_\_\_  
T. Penn. "C" \_\_\_\_\_  
T. Penn. "D" \_\_\_\_\_  
T. Leadville \_\_\_\_\_  
T. Madison \_\_\_\_\_  
T. Elbert \_\_\_\_\_  
T. McCracken \_\_\_\_\_  
T. Ignacio Qtzite \_\_\_\_\_  
T. Granite \_\_\_\_\_  
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T. \_\_\_\_\_  
T. \_\_\_\_\_

## 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
1573	2848	1275	Anhydrite				
2848	3810	962	Sand				
3810	4573	763	Sand - Limestone				
4573	6005	1432	Dolomite				
6005	6189	184	Sand - Limestone				
6189	6665	476	Carbonate				
6665	6740	75	Carbonate				
6740	8170	1430	Sand - Shale - Dolomite				
8170	8850	680	Shale - Dolomite				

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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  
Page 1

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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)

☒ New Well ☐ Recompletion ☐ Change in Ownership

Change in Transporter of:  
☐ Oil ☐ Dry Gas ☐ Casinghead Gas ☐ 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. 289	Pool Name, including Formation North Vacuum Abo	Kind of Lease State, Federal or Fee State	Lease No. B-1520-1
Location Unit Letter <u>G</u> : <u>1980</u> Feet From The <u>N</u> Line and <u>1980</u> Feet From The <u>E</u> Line of Section <u>27</u> Township <u>17S</u> Range <u>34E</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"/> <b>EFFECTIVE: February 1, 1982</b> 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 <u>A</u> Sec. <u>26</u> Twp. <u>17</u> Rge. <u>34</u>	Is gas actually connected? <u>Yes</u> When <u>1-22-86</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.

*Nancy Lewis*  
(Signature)

Authorized Agent  
(Title)

2-3-86  
(Date)

OIL CONSERVATION DIVISION

APPROVED FEB 6 - 1986

BY ORIGINAL SIGNED BY JERRY SEXTON  
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 12-4-85	Date Compl. Ready to Prod. 1-16-86	Total Depth 8850			P.B.T.D. 8807				
Elevations (DF, RKB, RT, CR, etc.) GL-4042	Name of Producing Formation Abo	Top Oil/Gas Pay 8624			Tubing Depth SN @ 8750				
Perforations 8624-8710						Depth Casing Shoe			

#### TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2	13-3/8	405	500x
12-1/4	8-5/8	5000	3100x
7-7/8	5-1/2 L	4214-8850	900x

#### 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 1-16-86	Date of Test 1-22-86	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. 91	Water - Bbls. 18	Gas - MCF 88

#### GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate 37.6 @ 60°
Testing Method (spot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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