

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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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 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)
☒ New Well
☐ Recompletion
☐ Change in Ownership
 Change in Transporter of:
☐ Oil
☐ Casinghead Gas
☐ Dry 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. 291	Pool Name, including Formation North Vacuum Abo	Kind of Lease State, Federal or Fee State	Lease No. B-1520-1
Location Unit Letter <u>I</u> : <u>1967</u> Feet From The <u>South</u> Line and <u>515</u> Feet From The <u>East</u> Line of Section <u>22</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"/> 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 <u>A</u> Sec. <u>26</u> Twp. <u>17</u> Rge. <u>34</u>	Is gas actually connected? <u>yes</u> When <u>1-21-86</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)

1-31-86

(Date)

OIL CONSERVATION DIVISION

APPROVED FEB 4 - 1986, 19

BY ORIGINAL SIGNED BY JERRY SEXTON

DISTRICT I 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

WELL COMPLETION DATA									
Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X		X					
Date Spudded 11-21-85		Date Compl. Ready to Prod. 1-14-86		Total Depth 8800			P.B.T.D. 8790		
Elevations (DF, RKB, RT, GR, etc.) KB-4050.5		Name of Producing Formation Abo		Top Oil/Gas Pay 8630			Tubing Depth SN @ 8739		
Perforations 8630-8690							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	2850x
7-7/8	5-1/2 L	4195-8800	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 1-14-86	Date of Test 1-21-86	Producing Method (Flow, pump, gas lift, etc.) 2x1-1/2x24 pump	
Length of Test 24 hrs	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls. 198	Water - Bbls. 5	Gas - MCF 172

GAS WELL

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

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