

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 88241-1980

2040 Pacheco St.  
Santa Fe, NM 87505

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

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

WELL API NO.  
**30-025-03142**

5. Indicate Type of Lease  
STATE  FEE

6. 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.)

7. Lease Name or Unit Agreement Name  
**STATE SEC. 27**

1. Type of Well:  
OIL WELL  GAS WELL  OTHER  SWD

8. Well No.  
**2**

2. Name of Operator **MOBIL PRODUCING TX & NM INC.\***  
**\*MOBIL EXPLORATION & PRODUCING US INC. AS AGENT FOR MPTM**

9. Pool name or Wildcat  
**VACUUM DEVONIAN, SOUTH** *Sub: Devonian*

3. Address of Operator  
**P.O. Box 633 Midland, TX 79702**

4. Well Location  
Unit Letter **H** : **1980** Feet From The **NORTH** Line and **660** Feet From The **EAST** Line

Section **27** Township **18-S** Range **35-E** NMPM **LEA** County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)  
**3887' GR**

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 checked="" 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.

**SEE SUNDRY ATTACHMENT, MIT & CHART**

I hereby certify that the information above is true and complete to the best of my knowledge and belief.  
SIGNATURE *Shirley Houchins* TITLE **ENV & REG TECHNICIAN** DATE **1-07-99**  
TYPE OR PRINT NAME **SHIRLEY HOUCHINS** TELEPHONE NO. **915 688-2585**

(This space for State Use)  
APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

JCS

h/c