

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

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

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

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

WELL API NO. NA <u>30-025-22101</u>
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. B-1520
7. Lease Name or Unit Agreement Name NORTH VACUUM ABO UNIT
8. Well No. 121
9. Pool name or Wildcat NORTH VACUUM - ABO
10. Elevation (Show whether DF, RKB, RT, GR, etc.) NA

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.)

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

2. Name of Operator
Mobil Producing Tx. & N.M. Inc.*

3. Address of Operator *Mobil Exploration & Producing U.S. Inc., as Agent for Mobil Producing TX. & N.M. Inc., P. O. Box 633, Midland, TX 79702

4. Well Location
Unit Letter L : 1830 Feet From The SOUTH Line and 760 Feet From The WEST Line

Section 13 Township 17S Range 34E NMPM LEA County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
NA

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: PULLED TUB & PKR- _____ <input 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.

8/29/91 - PULLED TBG. & PKR.
8/31/91 - TBG 3200#. TESTED CSG 300# FOR 30 MIN. HELD O.K.
BACK ON INJECTION 3200# TP.

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

SIGNATURE Judy Dixon TITLE Engineering Technician DATE 9/18/91
(915)
TYPE OR PRINT NAME J. W. DIXON TELEPHONE NO. 688-2452

(This space for State Use)
APPROVED BY _____ TITLE _____ DATE _____
ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT SUPERVISOR

CONDITIONS OF APPROVAL, IF ANY:

SEP 19 1991