NO. OF COPIES RECEIVED				Form C-103
DISTRIBUTION				Supersedes Old C-102 and C-103
SANTA FE		NEW MEXICO OIL CO	ISERVATION COMMISSION	Effective 1-1-65
FILE				
U.S.G.S.				5a. Indicate Type of Lease
LAND OFFICE				State X Fee
OPERATOR				5. State Oil & Gas Lease No.
	LI	<u>_</u>		E 1251
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DETILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)				
1. OIL X GAS OTHER-				7. Unit Agreement Name
2. Name of Operator	8. Farm or Lease Name			
	Mobil -7- State			
3. Address of Operator	9. Well No.			
	1 1			
4. Location of Well	10. Field and Pool, or Wildcat			
R	North Vacuum Wolfcamp			
UNIT LETTER	— · –	660 FEET FROM THE North	LINE AND FEET FROM	
THE East				
mmmm	IIII	15. Elevation (Show wheth	er DF, RT, GR, etc.)	12. County
			128 G.L.	Lea
16.	7777			
			Nature of Notice, Report or Oth	
NOTIC	CE OF	FINTENTION TO:	SUBSEQUENT	REPORT OF:
	ר	_	با رب	
PERFORM REMEDIAL WORK	_	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON	4	۲	COMMENCE DRILLING OPNS.	PLUG AND ABANDONMENT
PULL OR ALTER CASING	}	CHANGE PLANS	CASING TEST AND CEMENT JOB L	form from Ponn
		_	OTHER Plug back to Wol	fcamp from Penn X
OTHER			-	
17. 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.				
12-31-73 to 2-16-74 Well pumping 2 BOPD from Wolfcamp perforations (10,864'-10,905')				
Propose to drill out cement plugs at 10,938' (Wolfcamp perfs. 10,962-10,966' squeezed off) and 11,150' and commingle production from Wolfcamp and Penn zone downhole.				
Pennzoil will make application to the New Mexico Oil Conservation Commission administrative approval to commingle downhole in the immediate future.				
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18. I pereby certify that the information above is true and complete to the best of my knowledge and belief.				
SIGNED		MUX TITLE	Petroleum Engineer	2-19-74
//		^ · ()		
APPRILED BY				DATE

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CONDITIONS OF APPROVAL, IF ANY: