

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

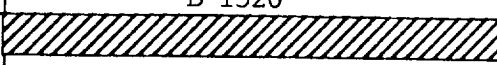
DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

WELL API NO. 30025-23100

5. Indicate Type of Lease  
STATE  FEE

6. State Oil & Gas Lease No.  
B-1520

**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 WIW

8. Well No.  
129

2. Name of Operator  
Mobil Producing TX & N M., Inc.

9. Pool name or Wildcat  
North Vacuum - Abo

3. Address of Operator  
c/o Mobil Exploration & Producing U. S., Inc.  
P. O. Box 633, Midland, Texas 79701

4. Well Location  
Unit Letter B : 860 Feet From The North Line and 1980 Feet From The East Line

Section 23 Township 17-S Range 34-E NMPM Lea County

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

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

<b>NOTICE OF INTENTION TO:</b>		<b>SUBSEQUENT REPORT OF:</b>	
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 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.

9-25-89 Release Inflatable Lynes Pkr.  
9-26-89 RIH w/inflatable Pkr. @8405'. Tested tbq. to 5000#/OK  
9-27-89 Press. tested wellbore 300#/15 mins/ Held OK. RD & Rel Permain Well Ser.  
Injection commenced on 9-28-89 @ 100 BWPD  
4310 # TP  
0 # CP

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

SIGNATURE Shirley Todd TITLE MANAGER, OIL CONSERVATION DIVISION DATE 10-10-89

TYPE OR PRINT NAME Shirley Todd TELEPHONE NO. 915 688-2585

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON  
APPROVED BY \_\_\_\_\_ DISTRICT I SUPERVISOR TITLE \_\_\_\_\_ DATE OCT 12 1989

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

OCT 11 1989

600  
HQB-1 OFFICE