

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

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

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

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

WELL API NO.  
30-025-25167 ✓

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  
BRIDGES STATE

1. Type of Well:  
OIL WELL  GAS WELL  OTHER

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

8. Well No.  
183

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

9. Pool name or Wildcat  
VACUUM MIDDLE PENN

4. Well Location  
Unit Letter B : 910 Feet From The 210 North Line and 455 Feet From The 2025 East Line  
Section EAST 12 Township 17S Range 34E 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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK  PLUG AND ABANDON   
TEMPORARILY ABANDON  CHANGE PLANS   
PULL OR ALTER CASING   
OTHER:

SUBSEQUENT REPORT OF:

REMEDIAL WORK  ALTERING CASING   
COMMENCE DRILLING OPNS.  PLUG AND ABANDONMENT   
CASING TEST AND CEMENT JOB   
OTHER: TEMPORARILY ABANDONED

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.

THIS WELL WAS SHUT IN ON 05-17-86. MPTM IS REQUESTING EXTENTION OF TA'D STATUS.  
A PRESSURE TEST WAS CONDUCTED ON 03-25-93. THE CHART IS ATTACHED.

This Approval of Temporary  
Abandonment Expires 11-20-15

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

SIGNATURE Kaye Pollock TITLE ENV. & REG. TECHNICIAN DATE 04-20-93  
TYPE OR PRINT NAME KAYE POLLOCK TELEPHONE NO. (915) 688-2584

(This space for State Use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE APR 22 1993

CONDITIONS OF APPROVAL, IF ANY: