

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Encl. 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.
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
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.)	
1. Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Lease Name or Unit Agreement Name Bridges State
2. Name of Operator Mobil Producing Tx & N.M. Inc.	8. Well No. 61
3. Address of Operator % Mobil Exploration & Producing U.S. Inc. P.O. Box 633 Midland, Tx 79702	9. Pool name or Wildcat Vacuum Grayburg/San Andres
4. Well Location Unit Letter <u>J</u> : <u>1980</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>East</u> Line Section <u>14</u> Township <u>17-S</u> Range <u>34-E</u> NMPM <u>Lea</u> County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) KB: <u>4042</u> <u>12'AGL</u>	

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 checked="" type="checkbox"/>	REMEDIAL WORK <input 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.

- MIRU workover unit. POH w/rods & pump.
- NU BOP, test. Release TAC, POH w/tbg + TAC.
- Circ well w/9ppg gelled brine.
- Set 200'x cmt plug @ 7" csg shoe.
- Perf 7" csg @ 1750-52' 4SPF, establish inj. rate. Set cmt retainer @ ± 1600'.  
Set 100' plug outside 7" csg + 150' plug inside 7" csg.
- Set 100' cmt plug across 10 3/4 shoe.
- Set 60' cmt plug @ surface, cut csg off, weed on cap. P & A

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

SIGNATURE Shirley Todd TITLE DISTRICT I SUPERVISOR DATE 6-21-89  
 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 \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

JUN 23 1989

RECEIVED 24  
OFFICE OF  
SUPERVISOR FOR THE OCS