

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

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DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease
State Fee

5. 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.)

1. OIL WELL GAS WELL OTHER

2. Name of Operator
Mobil Producing TX & NM Inc.

3. Address of Operator
9 Greenway Plaza, Suite 2700, Houston, TX 77046

4. Location of Well
UNIT LETTER K 2036 FEET FROM THE South LINE AND 2016 FEET FROM THE West LINE, SECTION 2 TOWNSHIP 17S RANGE 34E NMPM.

7. Unit Agreement Name
North Vacuum Abo Unit

8. Farm or Lease Name

9. Well No.
303

10. Field and Pool, or Wildcat
North Vacuum Abo

11. Elevation (Show whether DF, RT, GR, etc.)
GL - 4052

12. County
Lea

16. 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 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"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input checked="" type="checkbox"/>	OTHER <input type="checkbox"/>

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 1703.

6-20/26-86 Drlg.
 6-27-86 TD 7-7/8" hole
 6-28-86 Logging
 6-29-86 RIH w/35 jts 5-1/2" 17# K55 LT&C W/15 cent1 + 72 jts 5-1/2" 15.5# K55 ST&C, cmt @ 8850 w/650 sx C1C + 300 sx C1H, displ w/100 BFW, TOL @4224, WOC
 6-30-86 WOC 18 hrs, Tag cmt @ 3852, DO to 4224, Circ clean w/FW, Tst TOL 1000#/OK, RDMO

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

SIGNED Nancy Lewis TITLE Authorized Agent DATE 7-8-86

ORIGINAL SIGNED BY JERRY SEXTON
APPROVED BY DISTRICT SUPERVISOR TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: