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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. B-2354-2
7. Unit Agreement Name
8. Farm or Lease Name North Vac Abo Unit
9. Well No. 220
10. Field and Pool, or Wildcat North Vac-Abo
12. County Lea

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 <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- WIW
2. Name of Operator Mobil Oil Corporation
3. Address of Operator Box 633, Midland, Texas 79701
4. Location of Well UNIT LETTER P, 660 FEET FROM THE South LINE AND 860 FEET FROM THE East LINE, SECTION 22 TOWNSHIP 17-S RANGE 34-E NMPM.
15. Elevation (Show whether DF, RT, GR, etc.) 4035

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>

SUBSEQUENT REPORT OF:

REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <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.

6-11 NORTH VACUUM ABO UT #220, 8800 TD
ran 275 jts 8800' 5½ OD 17.0# & 15.50# N80 & J55 8rd ST&C csg to 8800, FC @ 8768, Dowell cmtd csg on bottom @ 8800 w/1800x T1LW w/¼# flocele in 1st 1000x + 200x Class C Neat cmt, PD @ 8 pm 6-10-74, cmt circ. WOC 72 hrs. - Tested csg 1500/30 mins. O.K.

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

SIGNED Christine O. Tucker

TITLE Proration Clerk

DATE 7-2-74

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

Joe D. Arney
Dist. 1, Reg. 1

DATE _____