	RECEIVED	
NO. OF COFIES RECEIVED	RECEIVED	Form C-103 Supersedes Old
DISTRIBUTION		C-102 and C-103
SANTA FE	NEW MEXICO OIL CONSERVATORS COMMISSION	Effective 1-1-65
FILE		5a. Indicate Type of Lease
U.S.G.S.	O. C. D.	State Foe XX
LAND OFFICE	ARTESIA, OFFICE	5. State Oil & Gas Lease No.
OPERATOR V	ARIESIC	
IDO NOT USE THIS FORM FOR PRO	Y NOTICES AND REPORTS ON WELLS POSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVO ION FOR PERMIT	18. 7. Unit Agreement Name
		Bindel C om
WELL WELL AA	OTHER-	8, Farm or Lease Name
2. Name of Operator	N.M. Tee	
Mobil Producing TX. &	N.M. Inc.	9. Well No.
3. Address of Operator	1	
4. Location of Well	e 2700, Houston, TX 77046	10. Field and Pool, or Wildcat
J J	1980 FEET FROM THE South LINE AND 1980	Wildcat Bone Spring:
UNIT LETTER	FEET FROM THE LINE AND	
East	ON TOWNSHIP23SRANGE27E	нмрм. {
THELINE, SECTION		
	15. Elevation (Show whether DF, RT, GR, etc.)	12. County
	3130' Ground	Eddy
^{16.} Check	Appropriate Box To Indicate Nature of Notice, Rep	ort or Other Data
	NTENTION TO:	SEQUENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON	COMMENCE DRILLING OPNS.	PLUG AND ABANDONMENT
PULL OR ALTER CASING	CHANGE PLANS CASING TEST AND CEMENT J	
	OTHER	
OTHER Plug back at	nd recomplete	
	perations (Clearly state all pertinent details, and give pertinent date	es, including estimated date of starting any proposed
17. Describe Proposed or Completed O work) SEE RULE 1103.	perations (Clearly state an permit and and a state and a	the Marrow to the Bone
The following procedu	res will be used to plug back this well f	rom the opper Morrow to the Bone
Springs.		11 B O P and test.
1. Kill Morrow zone	<pre>@ 11,517'-11,627' w/2% CaCe water. Insta 0' and cap w/35' of Class H cement. Circ</pre>	where out hole and fill $w/9.5$ /gal
	0' and cap w/35' of class in cement. Offe	
mud.	Cement plugs @ 1.) 10,755-10,855, 2.) 1	0,266-10,366, 3,) 8860-8960.
3. Spot 100' Class H	of hole and replace with treated water.	
	$\sim 0.6075! m/2-3/8"$ tubing to surface.	
5. Set Lok-Set Packe	tubing, 2 shots per foot @ following int	ervals: 6314-18; 6324-30, and
6. Perforate through 6332-40.	cubing, 2 choice per court c	
7. Swab and test.		
8 Acidize w/treated	15% HCL acid as required.	
		again verhally OK'd by Leo
Note: Procedure verb Clements 1/21/	ally OK'd by Mike Williams 10/14/82 and a '83.	
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Note: Procedure verb Clements 1/21/	oally OK'd by Mike Williams 10/14/82 and a '83.	igain verbaily on a by Lop

16. I hereby certify that the information at	bove is true and comple	te to the best of my knowledge and bellef.	
SIGNED astony			DATE January 25, 1983
APPROVED BY	· · · · · · · · · · · · · · · · · · ·	Original Signed By Leslie A. Clements TITLE <u>Supervisor District II</u>	PATE FEB 0 2 1983

CONDITIONS OF	APPROVAL,	١F	ANY:
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