

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.O.S.	
LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease
State Fee
5. State Oil & Gas Lease No.

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator Mobil Producing TX. & N.M. Inc.	8. Farm or Lease Name Bridges State
3. Address of Operator Nine Greenway Plaza, Suite 2700, Houston, Texas 77046	9. Well No. 69
4. Location of Well UNIT LETTER <u>F</u> <u>1900</u> FEET FROM THE <u>North</u> LINE AND <u>1980</u> FEET FROM THE <u>West</u> LINE, SECTION <u>13</u> TOWNSHIP <u>17-S</u> RANGE <u>34-E</u> NMPM.	10. Field and Pool, or Whiccat Vacuum Grayburg San And
15. Elevation (Show whether DF, RT, GR, etc.) 4021' GL	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 checked="" 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 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 1103.

This well was shut in 7-29-84.

Request authority to retain this well for future use as producer. Well is under review for possible recompletion or P&A.

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

SIGNED Nancy Lusk TITLE Authorized Agent DATE 2-19-85

ORIGINAL SIGNED BY JERRY SIXTON

APPROVED BY _____ TITLE _____ DATE FEB 20 1985

CONDITIONS OF APPROVAL, IF ANY: