Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised March 25, 1999

DISTRICT I			Revised March 25, 1999
DISTRICT II 811 South First, Artesia NM 88210 DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 DISTRICT IV 2040 South Pacheco, Sante Fe, NM 87505 OIL CONSERVATION DIVISION P.O. Box 2088 Santa Fe, New Mexico 87504-2088			WELL API NO. 30-025-24661
			5. Indicate Type of Lease STATE FEE FEE
			6. State Oil & Gas Lease No. NM-563
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)			7. Lease Name or Unit Agreement Name
1. Type of Well:			State UU Com
Oil			
2. Name of Operator Mobil Producing TX &	NM Inc		8. Well No.
3. Address of Operator P. O. Box 4358			9. Pool name or Wildcat
Houston TX 77210-4358		Vacuum; Atoka-Morrow, North (Gas)	
4. Well Location Unit Letter F : 1907 Fe	et From The west	Line and 1980	Feet From The north Line
Section 7 To	4	8-	NMPH Lea County
	10. Elevation (Show whether 4009.5	DR, RKB, RT, GR, etc.)	
11 Charle Ammana	ista Day ta Indiasta l	Noting of Notice T	Donast or Other Date
NOTICE OF INTENTI			Report, or Other Data EQUENT REPORT OF:
<u> </u>	and abandon \Box	REMEDIAL WORK	☐ ALTERING CASING
	GE PLANS	COMMENCE DRILLIN	
COMP	LETION		_
OTHER: Reactivate well		OTHER:	
 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. (For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion) 			
1. MIRU WSU, POOH w/DHA, RIH w/shoe & tools to recover fish (permanent packer) @ 11744'.			
3. Add Morrow perfs 11801-11860', 1186		w/4 spf.	123456789703
4. PU & RIH w/2-3/8" N-80 tbg + DHA. RDMO WSU. 5. MIRU WLU, perform stimtube stimulation on Morrow perfs. RDMO			
6. Return to production.			
			12 13 14 15 16) RPR 1000 Fr. 4000 Fr. 4000
			TO TO THE PARTY
			3525206
I hereby certify that the information above is true and complete to the be SIGNATURE	\sim	r. Regulatory Speciali	ist DATE 04/09/2004
TYPE OR PRINT NAME Dolores O. Howard			TELEPHONE NO. (281) 654-1929
(This space for State Use)			
May 1. 1. 1. 1 st. b		REPRESENTATIVE IL/S	
CONDITIONS OF APPROVAL IF ANY:	TITLE		APR 1 5 2004