Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103

DISTRICT I	Revised March 25, 1999
1625 N. French Dr., Hobbs, NM 88240 OIL CONSERVATION DIVISION	WELL API NO.
DISTRICT II 811 South First, Artesia NM 88210 P.O. Box 2088	30-025-29385
DISTRICT III Santa Fe. New Mexico 87504-2088	5. Indicate Type of Lease
1000 Rio Brazos Rd., Aztec, NM 87410 DISTRICT IV	STATE ☐ FEE ☐
2040 South Pacheco, Sante Fe, NM 87505	6. State Oil & Gas Lease No. B-161
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"	7. Lease Name or Unit Agreement Name
(FORM C-101) FOR SUCH PROPOSALS)	North Vacuum ABO East Unit
1. Type of Well:	
Oil Well Well Other	·
2. Name of Operator	8. Well No.
Exxon Mobil Corporation	14
3. Address of Operator P.O. Box 4358 Houston TX 77210-4358	9. Pool name or Wildcat Vacuum; Abo, North
4. Well Location	
Unit Letter M : 659 Feet From The west Line and 542	Feet From The south Line
	IMPH Lea County
10. Elevation (Show whether DR, RKB, RT, GR, etc.)	
	V/////////////////////////////////////
11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐ REMEDIAL WORK	\Box ALTERING CASING \Box
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLIN	_
COMMENCE DIGITAL	
PULL OR ALTER CASING UMULTIPLE CASING TEST AND CE	EMENT JOB
OTHER: OTHER: Extend TA	Status 🖂
12. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, includ work) SEE RULE 1103. (For Multiple Completions: Attach wellbore diagram of proposed completion or recommendation.)	ing estimated date of starting any proposed
Pressure chart attached for test 4-28-2004. Please extend TA status.	ompletion)
11 cosule chart attached for test 4-20-2004. Flease extend 1A status.	
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	100 A 000
	RECLIVED Hobbs
	The state of
f /	RESLIVED 7
This Approval of Temporary // 79/09	Hobbs // OCD
Abandonment Expires 42807	OOD
	(6)
	20(C) 961
I hereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE TITLE Sr. Regulatory Specialist	t DATE 05/24/2004
TYPE OR PRINT NAME Dolores O. Howard	тецерноме мо. (281) 654-1929
(This space for State Use)	
97 . 1.7- 1	MAY 9 7 2001
APPROVED BY HOLL WILL TITLE OF FIFT D REPRESENT.	ATIVE II/STAFF MANAGER 7 2004
CONDITIONS OF APPROVAL IF ANY:	
V	

