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 2	.5, 1999
1625 N. French Dr., Hobbs, NM 88240	OIL CONSERVAT	TION DIVISION	WELL API NO. 30-025-29431	
DISTRICT II 811 South First, Artesia NM 88210 DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410  P.O. Box 2088 Santa Fe, New Mexico 87504-2088				. <u>.</u>
			5. Indicate Type of Lease  STATE FEE	7
DISTRICT IV			6. State Oil & Gas Lease No.	
2040 South Pacheco, Sante Fe, NM 87505			8055	
	OTICES AND REPORTS C			
(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	
(FOR	M C-101) FOR SUCH PROPOSA	LS)	North Vacuum Abo Unit	
1. Type of Well:			1	
Oil Well	Gas Well Other			
2. Name of Operator			8. Well No.	
Exxon Mobil	287			
3. Address of Operator P.O. Box 43.  Houston	58 TX	77210-4358	9. Pool name or Wildcat Vacuum; Abo, North	
4. Well Location		700		
Unit Letter M : 660	Feet From The south	Line and 780	Feet From The west	_ Line
Section 26	Township 17S		NMPH Lea Co	ounty
	10. Elevation (Show 4027' Gr	whether DR, RKB, RT, GR, etc.)		
11 Charle	Ammonuista Dan ta Ind	Carta NI-4 CNI-4: D	0.1 D	
	Appropriate box to ma.	icate Nature of Notice, R	<b>*</b> *	
<u> </u>		¬	EQUENT REPORT OF:	_
PERFORM REMEDIAL WORK	PLUG AND ABANDON	☐ REMEDIAL WORK	☐ ALTERING CASING	L
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLIN	NG OPNS. 🔲 PLUG & ABANDONMI	ENT 🗆
PULL OR ALTER CASING		$\Box$ CASING TEST AND C	EMENT JOB	
OTHER	COMPLETION [	OTHER: extend TA	Status	$\boxtimes$
OTHER:				
work) SEE RULE 1103. (For Multip	ple Completions: Attach wellbore d	etails, and give pertinent dates, including in the large and proposed completion or recompletion or recompletion.	ding estimated date of starting any proposed completion)	
Pressure chart attached for test	4-28-2004. Please extend 7	ΓA status		
			232425	
			(2)	
			/S	
		f 1	/cc HAY 2000 (C)	
	t of Tomp	orary 1/70/A9	F REULIVED	
Th	his Approval of Terrip	4/20101	Hobbs	
A <sup>1</sup>	nis Approval of Temp bandonment Expires		HAY 2000 AND HODDS OCD	
			A. C.	
I hereby certify that the information above is true and cor	mplete to the best of my knowledge and belief.		6411016813	
SIGNATURE D. O. HO	Levan	TITLE Sr. Regulatory Specialis		
TYPE OR PRINT NAME Dolores O. How	ard		TELEPHONE NO. (281) 654-1929	- <del></del>
(This space for State Use)	`\			
Ma 1, ) 1, \	la b	<b>^</b>		
APPROVED BY Tall W. (C)	rupe .	DE FIELD REPRESENTATIVE	WSTAFF 4444 MAY 2 7 2004	<del></del> -
CONDITIONS OF APPROVAL ANY:			WOIATH MANAGER	

