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	
1625 N. French Dr., Hobbs, NM 88240 OIL CONSERVATION DIVISION DISTRICT II 811 South First, Artesia NM 88210 P.O. Box 2088				WELL API NO. 30-025-29720	
DISTRICT III Santa Fe, New Mexico 87504-2088 1000 Rio Brazos Rd., Aztec, NM 87410				5. Indicate Type of Lease	re 🛛 Fee 🗆
DISTRICT IV				STAT  6. State Oil & Gas Lease No.	
2040 South Pacheco, Sante Fe, NM 87505				B-1520	•
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  Bridges State	
1. Type of Well:				1 "	
Oil Well Gas Well Other				0 W 11 V	<u></u>
2. Name of Operator  Mobil Producing TX. & N.M. Inc.				8. Well No. <b>513</b>	
3. Address of Operator P.O. Box 4358				9. Pool name or Wildcat	
			0-4358	Vacuum; Middle Penn	
4. Well Location  Unit Letter : 2135	Feet From The north		Line and 1905	Feet From The east	Line
Section 13	Township 17S		U	NMPH	Lea County
	10. Elevation (Show 4018 GR	v whether l	DR, RKB, RT, GR, etc.)		
11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data					
				EQUENT REPORT C	)F·
			REMEDIAL WORK		ING CASING $\Box$
TEMPORARILY ABANDON			COMMENCE DRILLIN	<del></del>	$\stackrel{\cdot}{\iota}$ ABANDONMENT $\square$
PULL OR ALTER CASING  MULTIPLE			CASING TEST AND CEMENT JOB $\square$		
TODE ON ALTER CASHVO —	COMPLETION				_
OTHER:			OTHER: extend TA		
<ol> <li>Describe proposed or completed operati work) SEE RULE 1103. (For Multiple</li> </ol>	ons. (Clearly state all pertinent Completions: Attach wellbore	details, an diagram o	nd give pertinent dates, included for proposed completion or rec	ding estimated date of starting are completion)	ny proposed
Pressure chart attached for test 4/ Please extend TA status.	28/2004.				
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			<i>f f</i>	F REJEIVI	=D //
This Approval of Temporary (//20/20					
Abandonment Expires 42809					
	,			65 WOT 02	a La
I hereby certify that the information above is true and comp	lete to the best of my knowledge and belie				
SIGNATURE . O. How	ail		Regulatory Specialis		05/24/2004
TYPE OR PRINT NAME Dolores O. Howard OC FIELD REPRÉSENTATIVE II/STAFF MANAGET TELEPHONAX (2) 37 42191792					
(This space for State Use)		OG FIE	LD REPRESENTATIVE	II/STAFF MANAGER	MAY 2 7 2004
APPROVED BY HOUSE	urk.	_TITLE		DAT	E
CONDITIONS OF APPROVAL IF ANY:					
V					

