

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO.
30-025-29261

5. Indicate Type of Lease
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.
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.)

1. Type of Well:
OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. Name of Operator
Mobil Producing TX & NM Inc.*

3. Address of Operator *Mobil Exploration & Producing U.S. Inc., as Agent for Mobil
Producing TX & NM Inc.; P.O. Box 633, Midland, TX 79702

7. Lease Name or Unit Agreement Name

BRIDGES STATE

8. Well No.
505

9. Pool name or Wildcat
VACUUM GRAYBURG / SAN ANDRES

4. Well Location

Unit Letter N : 10 Feet From The SOUTH Line and 1380 Feet From The WEST Line

Section 12 Township 17S Range 34E NMPM LEA County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

KB: 4063' (13' AGL)

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☒
CASING TEST AND CEMENT JOB ☐
OTHER: ☐

12. 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.

12-9-89 MIRU TYLER WELL SERVICE #103. PRESS. TESTED 5 1/2" CSG TO 500#/OK.
SET 100' (10SX CL C) ON CIBP @4500
1790-1590 SET W/40 SX CL C
SET 10 SX CL C @ SURFACE.

12-20-89 WELD ON PLATE AND INSTALL P & A MARKER.
RD & REL TYLER WELL SERVICE. WELL P & A'd.

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

SIGNATURE Shirley Todd TITLE Proration Analyst DATE 12-28-89

TYPE OR PRINT NAME SHIRLEY TODD

TELEPHONE NO. 688-2585

(This space for State Use)

APPROVED BY [Signature] TITLE OIL & GAS INSPECTOR

CONDITIONS OF APPROVAL, IF ANY:

NOV 06 1991