Submit 3 Copies to Appropriate District Office

## State of New Mexico Energy, Minerals and Natural Resources Department

	Form C	_
Dowigod	March 25	1

District Office	Energy, Minerals and	Energy, Minerals and Natural Resources Department				Form C-103		
DISTRICT I 1625 N. French Dr., Hobbs, NM 88240 OIL CONSERVATION DIVISION DISTRICT II 811 South First Artesia NM 88210 P.O. Box 2088				Revised March 25, 1999 WELL API NO. <b>30-025-20320</b>				
811 South First, Artesia NM 88210 DISTRICT III	Santa Fe. Nev			5. Indicate Typ	e of Lease			
1000 Rio Brazos Rd., Aztec, NM 87410 DISTRICT IV			STATE STATE					
2040 South Pacheco, Sante Fe, NM 87505					6. State Oil & Gas Lease No. 8055			
SUNDRY NOTICES AND REPORTS ON WELLS						7777777		
(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	7. Lease Name or Unit Agreement Name				
(FORM C-101) FOR SUCH PROPOSALS)					North Vacuum Abo Unit			
1. Type of Well:								
Oil     Gas       Well     Well       Other     injector								
2. Name of Operator Mobil Producing TX. & N.M. Inc.				8. Well No. 98				
3. Address of Operator <b>P.O. Box 4</b>								
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 $\underline{J}$ : $\underline{I}$	.780 Feet From The _e	ast	Line and 1980	Feet From	The south	Line		
Section 26	Township 17S		Range 34S	NMPH	Lea	County		
	10. Elevation ( KB 4032'	(Show whether	DR, RKB, RT, GR, etc.)					
		<u> </u>			//////////////////////////////////			
11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data								
NOTICE OF INTENTION TO: SUBS					EPORT OF:			
PERFORM REMEDIAL WORK	PLUG AND ABAND	$oon \square$	REMEDIAL WORK	E	ALTERING CASI	NG 🗆		
TEMPORARILY ABANDON [	CHANGE PLANS		COMMENCE DRILLI	ING OPNS. $\Box$ PLUG & ABANDONMENT $\Box$				
PULL OR ALTER CASING $[$	MULTIPLE COMPLETION		CASING TEST AND (	CEMENT JOB	]			
OTHER:-Revised repair plans	5	$\boxtimes$	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. (For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion)								
work) SEE RULE 1103. (For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion) After full evaluation, we found no casing leaks. We now plan to replace tubing and packer with new and set packer 10' above								
current depth of 8353'. Revised repair plans are to:								
	<b>DOD</b>				010111220			
1. MIRU WSU. ND Tree, NU BOP. 2. Release 4.5" seal assembly (8353'). POOH with DHA & 2-3/8" tubing laying down.								
2. Release 4.5" seal assembly (8353'). POOH with DHA & 2-3/8" tubing laying down. 3. MI & rack 2-3/8" L-80 bare tbg. PU & RIH w/DHA: 4.5" Lok-set pkr, On/off tool w/ profile, RIH w/DHA, & BLANKING								
PLUG - set in on/off tool. Set Pkr assembly @ +/- 8343' and test csg. to 600#. If OK, J-off Pkr, circulate of KWF. Circulate								
PKR fluid. Latch onto PKR. Press test csg 500 psi for 15 min.Land Tbg, ND BOPE, NU tree.								
<ul> <li>4. Run MIT (Must give agency 48 hours advance notice prior to testing.)</li> <li>5. RDMO WSU, clean and clear location. Fabricate wellhead connections and injection line as per guidelines if needed.</li> <li>6. RU WLU, POOH with blanking plug. RWTI. RDMO</li> </ul>								
5. RDMO WSU, clean and clea	ar location. Fabricate v	vellhead co	onnections and injection	on line as pèrg	uidelines if peeded.	AS/		
6. RU WLU, POOH with blan	king plug. KWTI. KDI	MO			2			
				,	6400000 V260			
I hereby certify that the information above is true and a SIGNATURE Juffany Stud	complete to the best of my knowledge at		Staff Office Assistant		DATE 10/06/2	.003		
TYPE OR PRINT NAME Tiffany A. Ste	ebbins			TELEP	PHONE NO. (281) 654-19			
(This space for State Use)	^		· · · · · · · · · · · · · · · ·					
	1712		DISTRICT SUPERVISO	RIGENERAL M	ANAGER			
APPROVED BY Kary W.	wink		DISTRICT SUPERVISO		<b>¤0€T_0</b> -8	2003		
CONDITIONS OF APPROVAL IF ANY:								