Submit 3 Copies to Appropriate District Office

CONDITIONS OF APPROVAL IF ANY:

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

District Office	Elicigy, Willerais and IV	aturai Nes	ources Department		Revised Mar	orm C-103
DISTRICT I 1625 N. French Dr., Hobbs, NM 88240 OIL CONSERVATION DIVISION				WELL API NO.	Revised iviai	Cli 23, 1999
DISTRICT II 811 South First, Artesia NM 88210  P.O. Box 2088			30-025-23541			
DISTRICT III Santa Fe. New Mexico 87504-2088				5. Indicate Type of I	ease	
1000 Rio Brazos Rd., Aztec, NM 87410 DISTRICT IV						E 🗆
2040 South Pacheco, Sante Fe, NM 8750	95			6. State Oil & Gas L 8055	ease No.	
	NOTICES AND REPORT			///////////////////////////////////////		
(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		
· (FO)	RM C-101) FOR SUCH PROP	OSALS)		North Vacuum A	bo Unit	
1. Type of Well:	Con			1		1
Oil Well □ Gas Well □ Other Injector						
2. Name of Operator  Mobil Producing TV & N.M. Inc.				8. Well No. 139		
Mobil Producing TX. & N.M. Inc.  3. Address of Operator P.O. Box 4358						
Houston TX 77210-4358			0-4358	9. Pool name or Wildcat Vacuum; Abo, North		
4. Well Location						
Unit Letter : 19	Feet From The sou	ıth	Line and 860	Feet From The	west	Line
Section 14	Township 17S		Range 34E	NMPH	Lea	County
	10. Elevation (S) KB 4053	ow whether	DR, RKB, RT, GR, etc.)			
VIIIIIIIIIII	/////				<u> </u>	
	Appropriate Box to I	ndicate		<b>A</b> 7		
				EQUENT REPO	RT OF:	
PERFORM REMEDIAL WORK	☐ PLUG AND ABANDO	$\square$	REMEDIAL WORK	□ A	LTERING CASIN	G □
TEMPORARILY ABANDON	CHANGE PLANS		COMMENCE DRILLING OPNS. ☐ PLUG & ABANDONMENT ☐			
PULL OR ALTER CASING	□ MULTIPLE		CASING TEST AND C	EMENT JOB 🗆		
	COMPLETION	5-7				_
OTHER: Repair casing & RW			OTHER:			
<ol> <li>Describe proposed or completed ope- work) SEE RULE 1103. (For Mult</li> </ol>	rations. (Clearly state all perting iple Completions: Attach wellboards)	ent details, a ore diagram	nd give pertinent dates, inclu- of proposed completion or rec	ding estimated date of st completion)	arting any proposed	
· MIRU WSU, bleed off pressu				_		,
Dump 20' sand on top of RB	Р.		_			
· Test Csg. to 600# for 30 min. on chart. If MIT fails, PUH with PKR and begin searching for casing leak. Locate top and						
bottom of leak. Establish Inj. Rate and Pressure. POOH w/PKR. Perform Squeeze Procedure based on injection 2265						
obtained. Follow SQZ procedure. SI 24-48 hrs. Drill out. Test SQZ to 500# for 30 min using pressure recorder. PU RBP retrieving tool and RIH, circulate sand off RBP. Latch onto RBP and release. POOH.						
					0. 1. 5 (D) T AND	NING P
• PU & test DHA to 3000# DI PLUG - set in on/off tool. Set						31NG 38/
· Test Production Tbg to 5000	nsi while RIH (Renlace	ot tog. to The as no	vessary) Latch on to 1	Pkr and test Theat	g duwggyvas, 多	7.1
circulate out KWF. Circulate						
· Run MIT (Must give NMOCI				73		· /./
· RDMO WSU, clean and clear		_	0,	O. RWTI.	ELLOLGSLS	د ۱۹۶۷
					LAOLG3L9	
I hereby certify that the information above is true and		-1:-6		worth.		
1:11	omplete to the best of my knowledge and		taff Office Assistant		DATE_10/08/200	03
TYPE OR PRINT NAME TIFFANY A. Stell	bbins	TITLE D			NO. (281) 654-193	
				TELEPHONE	NU. (201) 054-195	
(This space for State Use)	^					
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