

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
1625 N. French Dr., Hobbs, NM 88240
DISTRICT II
811 South First, Artesia NM 88210
DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410
DISTRICT IV
2040 South Pacheco, Sante Fe, NM 87505

OIL CONSERVATION DIVISION

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

WELL API NO.
30-025-22105

5. Indicate Type of Lease

STATE ☒ FEE ☐

6. State Oil & Gas Lease No.
8055

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 **Injector**

2. Name of Operator

Exxon Mobil Corporation

3. Address of Operator **P.O. Box 4358**

Houston

TX 77210-4358

7. Lease Name or Unit Agreement Name

North Vacuum Abo Unit

8. Well No.

205

9. Pool name or Wildcat

Vacuum;Abo, North

4. Well Location

Unit Letter **B** : **660** Feet From The **north** Line and **1900** Feet From The **east** Line

Section **24**

Township **17S**

Range **35E 34** NMPH

Lea County

10. Elevation (Show whether DR, RKB, RT, GR, etc.)
KB 4033'

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 ☐ MULTIPLE COMPLETION ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐

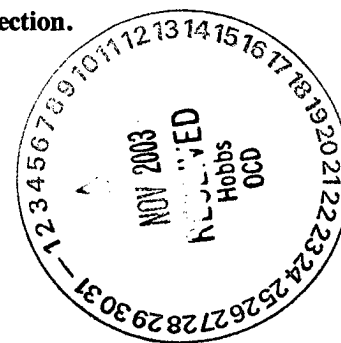
COMMENCE DRILLING OPNS. ☐ PLUG & ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: **Mechanical Integrity Test** ☒

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)

9-12-03 Ran official MIT chart at 3:30 pm. Copy of chart attached. Well returned to injection.



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

SIGNATURE Tiffany A. Stebbins TITLE **Staff Office Assistant**

DATE **10/31/2003**

TYPE OR PRINT NAME **Tiffany A. Stebbins**

TELEPHONE NO. **(281) 654-1936**

(This space for State Use)

APPROVED BY Larry W. Wink

OCD FIELD REPRESENTATIVE II/STAFF MANAGER

TITLE DATE **NOV 10 2003**

CONDITIONS OF APPROVAL IF ANY:

