

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.
30-025-23541

5. Indicate Type of Lease
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.
8055

7. Lease Name or Unit Agreement Name
North Vacuum Abo Unit

8. Well No.
139

9. Pool name or Wildcat
Vacuum;Abo, North

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

4. Well Location
Unit Letter **L** : **1980** Feet From The **south** Line and **860** Feet From The **west** Line
Section **14** Township **17S** Range **34E** NMPH **Lea** County

10. Elevation (Show whether DR, RKB, RT, GR, etc.)
KB 4053

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data
NOTICE OF INTENTION TO:

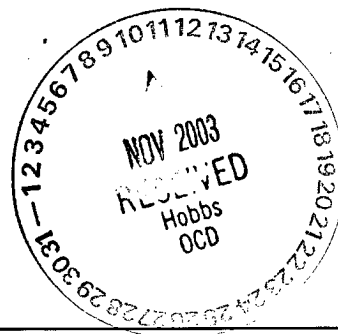
PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐ MULTIPLE COMPLETION ☐
OTHER: ☐

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)

Casing repairs were completed on 8-20-03. Official MIT chart was run on 8-21-03 and was witnessed by NMOCD representative E. Gonzales. Well passed. Original chart attached.



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 **11/03/2003**

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

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

(This space for State Use)

APPROVED BY Larry W. Wink
CONDITIONS OF APPROVAL IF ANY:

OC FIELD REPRESENTATIVE II/STAFF MANAGER

DATE **NOV 12**

NOV 12 2003

