

Submit 3 Copies To Appropriate District
Office
District I
1625 N. French Dr., Hobbs, NM 88240
District II
1301 W. Grand Ave., Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM
87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
Revised May 08, 2003

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

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|---|
| WELL API NO. 30-025-24325 |
| 5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> |
| 6. State Oil & Gas Lease No. B-1520 |
| 7. Lease Name or Unit Agreement Name North Vacuum ABO Unit |
| 8. Well Number 175 |
| 9. OGRID Number |
| 10. 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 Injection

2. Name of Operator Mobil Producing TX. & N.M. Inc.

3. Address of Operator P. O. Box 4358, Houston, TX 77210-4358

4. Well Location

Unit Letter H : 1980 feet from the north line and 485 feet from the east line

Section 14 Township 17E Range 34E NMPM County Lea

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
GR 4017'

12. 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 AND ABANDONMENT ☐

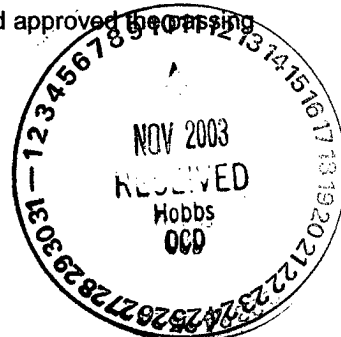
CASING TEST AND CEMENT JOB ☐

OTHER: Mechanical Integrity Test ☒

13. 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.

Well was tested on 6-09-2003 by a state representative as annual IMIT. Well failed. Copy of chart attached.

Well was re-tested on 7-02-2003 and passed. Johnny Robinson witnessed the test and approved the passing chart. Well was put back on injection on 7-03-2003. Copy of chart attached.



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

SIGNATURE Tiffany Stebbins TITLE Staff Office Assistant DATE 11/3/03

Type or print name Tiffany A. Stebbins Telephone No. (281) 654-1936

(This space for State use)

APPROVED BY Mary W. Wink TITLE FIELD REPRESENTATIVE II/STAFF MANAGER DATE NOV 12 2003
Conditions of approval, if any

