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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease
State ☐ Fee ☒
5. State Oil & Gas Lease No.

SUNDRY NOTICES AND REPORTS ON WELLS

DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO RE-ENTER OR PLUG BACK TO A DIFFERENT RESERVOIR.
USE APPLICATION FOR PERMIT - " (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- Water Injection Well	7. Unit Agreement Name Denton North Wolfcamp Unit Tract 18
2. Name of Operator Mobil Producing TX. & N.M. Inc.	8. Farm or Lease Name
3. Address of Operator Nine Greenway Plaza, Suite 2700, Houston, Texas 77046	9. Well No. 1
4. Location of Well UNIT LETTER N 330 FEET FROM THE South LINE AND 1650 FEET FROM THE West LINE, SECTION 23 TOWNSHIP 14S RANGE 37E NMPM.	10. Field and Pool, or Wildcat Denton Wolfcamp
15. Elevation (Show whether DF, RT, GR, etc.)	12. County Lea

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>	
OTHER <input type="checkbox"/>		ACIDIZE <input type="checkbox"/>	

17. 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.

8/13/82 Back flow 700 bbls into I&W - Transport & shut in well. M&S Hot Oil Truck press up to 250# W/ Fresh Water.
8/17/82 B.J. Hughes acidized w/4000 gals SA2 acid. Started pumping @ rate of 1.2 BPM @ 2100 press, continued for remainder of treatment. 5 min. SIP after treatment 1900 psi. Returned to Injection
FINAL REPORT.

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

SIGNED <u>Paula A. Collins</u>	TITLE <u>Authorized Agent</u>	DATE <u>9/27/82</u>
ORIGINAL SIGNED BY JERRY SEXTON	TITLE	DATE
APPROVED BY	TITLE	DATE
CONDITIONS OF APPROVAL, IF ANY:		

OCT 1 1982