

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, Santa Fe, NM 87505

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

WELL API NO.
30-025-05157

5. Indicate Type of Lease
STATE ☐ FEE ☒

6. State Oil & Gas Lease No.

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 ☐

2. Name of Operator
Mobil Oil Corp

7. Lease Name or Unit Agreement Name
J C Maxwell

8. Well No.
1

3. Address of Operator **P. O. Box 4358**
Houston TX 7721-4358

9. Pool name or Wildcat
Denton Devonian

4. Well Location
Unit Letter **P** : **660** Feet From The **EL** Line and **660** Feet From The **SL** Line
Section **27** Township **14S** Range **37E** NMPH **Lea** County

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

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: **dig temporary pit** ☒

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG & ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: ☐

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)

Approval is requested for a temporary pit. The well is currently P&A but will be drilled out and replugged.

The pit will be 15' wide, 15' long, and 6' deep. A plastic liner will be used to line the pit. The pit will be covered within 5 days of ceasing operations. The pit will be fenced.

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

SIGNATURE *D. O. Howard* TITLE **Regulatory Specialist** DATE **10/11/2000**

TYPE OR PRINT NAME **Dolores O. Howard** TELEPHONE NO. **(713) 431-1792**

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL IF ANY:

