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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 DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT —" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL ☐ GAS WELL ☐ OTHER- Water Injection Well

7. Unit Agreement Name
Denton North Wolfcamp Unit Tract 6

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, TX 77046

9. Well No.
30

4. Location of Well
UNIT LETTER H, 1980 FEET FROM THE North LINE AND 460 FEET FROM THE East LINE, SECTION 35 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 ☐	PLUG AND ABANDON ☐	REMEDIAL WORK ☒	ALTERING CASING ☐
TEMPORARILY ABANDON ☐		COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐	CHANGE PLANS ☐	CASING TEST AND CEMENT JOB ☐	
OTHER ☐		OTHER ☐	
		Acidize	

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.

8-9-82 Backflow 140 bbls into I&W - transport & shut in well.

8-10-82 M&S press up backside to 250# w/fresh wtr. B. J. Hughes acidized w/4000 gals 15% NE Fe Stab Inhibited HCl acid, started @ 2 BPM & maintain rate of 2 BPM @ 2990 psi throughout treatment. SIP after treatment 2600#. Return well 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 Paula A. Collins TITLE Authorized Agent DATE 9-27-82

APPROVED BY ORIGINAL SIGNED BY JERRY SEXTON TITLE DISTRICT I SUPER DATE OCT 1 1982

CONDITIONS OF APPROVAL, IF ANY: