

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

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

WELL API NO. 30-025-30788
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name STATE SEC. 30
8. Well No. 1
9. Pool name or Wildcat Wildcat, Atoka Morrow Gas
10. Elevation (Show whether DF, RKB, RT, GR, etc.) GL: 4026

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 <input checked="" type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER	2. Name of Operator Mobil Producing TX & NM, Inc.
3. Address of Operator P.O. Box 633	4. Well Location Unit Letter N : 1980 Feet From The West Line and 660 Feet From The South Line Section 30 Township 16-S Range 35-E NMPM Lea County

11. 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"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input checked="" type="checkbox"/>
	OTHER: <input type="checkbox"/>

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.

02/22 - 03/06/90 - D1rg 11" hole

03/06/90 - TD 11" hole @ 4772. RIH w/ 115 jts. 8 5/8 32#, K-55 LT&C csg
CMT 8 5/8 csg @4772 w/1200 sx Howco Lite + 1/4#/sx FC + 10#/sx Salt +
200 sx CLC neat. Circ 84 sx. EHE 41%

WOC - 18 hrs.

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

SIGNATURE D.W. Parks, Jr. TITLE Regulatory Technician DATE 03-08-90
(915)

TYPE OR PRINT NAME D.W. Parks, Jr.

TELEPHONE NO. 688-2548

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON
APPROVED BY DISTRICT I SUPERVISOR TITLE _____ DATE MAR 12 1990
CONDITIONS OF APPROVAL, IF ANY: