

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

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.

5. Indicate Type of Lease
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.
B-11276

7. Lease Name or Unit Agreement Name

STATE "X"

8. Well No.
1

9. Pool name or Wildcat
VACUUM GRAYBURG, S.A.

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 Producing Texas & New Mexico Inc.

3. Address of Operator c/o Mobil Exploration and Producing U.S. Inc.
P.O. Box 633, Midland, TX 79702

4. Well Location
Unit Letter A : 990 Feet From The NORTH Line and 330 Feet From The EAST Line
Section 7 Township 17-S Range 34-E NMPM LEA County

10. Elevation (Show whether DF, 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 ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND 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.

This well was Shut-in 11-8-88
Request Authority to temporarily abandon well. Currently this well is uneconomical to produce.

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

SIGNATURE Shirley Todd TITLE MOBIL EXPLORATION & PRODUCING U.S. INC.
AS AGENT FOR MOBIL EXPLORING & PRODUCING DATE 2-15-89

TYPE OR PRINT NAME Shirley Todd TELEPHONE NO. (915) 688-2585

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE FEB 20 1989

CONDITIONS OF APPROVAL, IF ANY:

TA series 2-20-90

100 000 000

RECEIVED
FEB 17 1994
OCD
HOBBS OFFICE

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