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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 <input checked="" type="checkbox"/> | Fee <input type="checkbox"/> |
| 5. State Oil & Gas Lease No.              |                              |
| <b>B-1520</b>                             |                              |

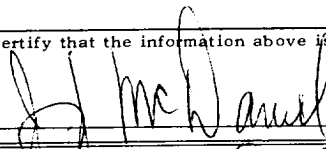
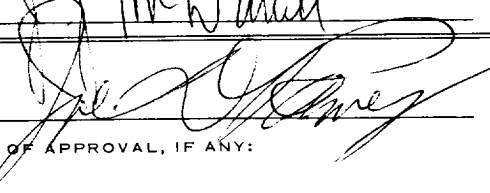
|                                                                                                                                                                                                                                                                         |  |                                |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------|--|
| <p align="center"><b>SUNDRY NOTICES AND REPORTS ON WELLS</b></p> <p align="center"><small>(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.)</small></p> |  |                                |  |
| <p>1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/></p>                                                                                                                                                 |  | 7. Unit Agreement Name         |  |
| 2. Name of Operator                                                                                                                                                                                                                                                     |  | 8. Farm or Lease Name          |  |
| <b>Mobil Oil Corporation</b>                                                                                                                                                                                                                                            |  | <b>Bridges State</b>           |  |
| 3. Address of Operator                                                                                                                                                                                                                                                  |  | 9. Well No.                    |  |
| <b>Box 633, Midland, Texas 79701</b>                                                                                                                                                                                                                                    |  | <b>89</b>                      |  |
| 4. Location of Well                                                                                                                                                                                                                                                     |  | 10. Field and Pool, or Wildcat |  |
| UNIT LETTER <b>A</b> , <b>660</b> FEET FROM THE <b>North</b> LINE AND <b>660</b> FEET FROM                                                                                                                                                                              |  | <b>Vac. Grayburg S.A.</b>      |  |
| THE <b>East</b> LINE, SECTION <b>10</b> TOWNSHIP <b>17-S</b> RANGE <b>34-E</b> NMPM.                                                                                                                                                                                    |  |                                |  |
| 15. Elevation (Show whether DF, RT, GR, etc.)                                                                                                                                                                                                                           |  | 12. County                     |  |
| <b>4048 Gr.</b>                                                                                                                                                                                                                                                         |  | <b>Lea</b>                     |  |

|                                                                                                    |                                                                          |                                                      |                                               |
|----------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|------------------------------------------------------|-----------------------------------------------|
| <p align="center">16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data</p> |                                                                          |                                                      |                                               |
| NOTICE OF INTENTION TO:                                                                            |                                                                          | SUBSEQUENT REPORT OF:                                |                                               |
| PERFORM REMEDIAL WORK <input type="checkbox"/>                                                     | PLUG AND ABANDON <input type="checkbox"/>                                | REMEDIAL WORK <input 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 <b>Convert from oil to WIW</b> <input checked="" type="checkbox"/> | CASING TEST AND CEMENT JOBS <input type="checkbox"/> | OTHER <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.

**Convert from oil to water injection well as per attached procedure.**

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

|                                                                                                        |                               |                     |
|--------------------------------------------------------------------------------------------------------|-------------------------------|---------------------|
| SIGNED <u></u>      | TITLE <b>Authorized Agent</b> | DATE <b>8-19-70</b> |
| APPROVED BY <u></u> | TITLE _____                   | DATE _____          |
| CONDITIONS OF APPROVAL, IF ANY:                                                                        |                               |                     |

MIDLAND E & P DIVISION

WELL WORK RECOMMENDATIONS

Proposals for Well Reconditioning and Subsurface Maintenance  
Workovers, Expense DD's, PB's, and Conversions

Lease: BRIDGES STATE Well No. 89

Field: VACUUM - SAN ANTONIO

County: LEA State: NEW MEXICO

RECOMMENDED PROCEDURE:

1. MIR'D PULLING UNIT - PULL RODS & PUMP -
2. TAG BOTTOM WITH TUBING AND SPOT 1500 GALS. 15%  
NE-HCL ON BOTTOM. PULL & LAY DOWN TUBING.
3. PERFORATE WITH 2 SPF 4680-85 AND 4685 TO 4690 -  
join
4. PICK UP 2 3/8" O.D. CEMENT LINED TUBING WITH INJECTION  
TYPE PACKER.
5. G.I.H. W/ PACKER TO 3000 FT. SET PACKER AND  
PUMP 4500 GALS. FRESH WATER TREATED WITH  
2 GALS. ADDAMALL PER 1000 GALS. WATER.
6. FINISH G.I.H. WITH PACKER TO 4650 FT. SET PACKER.  
CIRCULATE CORTON 2207 CORRISSON INHIBITOR 1%  
SOLUTION IN TBG-CASING-ANNULUS.
7. CONNECT WELL HEAD FOR INJECTION -

WELL LOG SKETCH - BRIDGES STATE No. 89  
VACUUM IN ANDRES FIELD  
LEN COUNTY  
NEW MEXICO

G.L. Elev. = 4048  
K.B. Elev. = 4059

