

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

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

Well API NO.
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. B-1520

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> WIW	7. Lease Name or Unit Agreement Name  BRIDGES STATE
2. Name of Operator Mobil Producing TX & NM, Inc.	
3. Address of Operator P.O. Box 633 Midland, TX 79702	8. Well No. 184
4. Well Location Unit Letter <u>E</u> : <u>1980</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>West</u> Line Section <u>11</u> Township <u>17 S</u> Range <u>34 E</u> NMPM Lea County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) GL: 4049	

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
<b>NOTICE OF INTENTION TO:</b> PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> OTHER: <input type="checkbox"/>	<b>SUBSEQUENT REPORT OF:</b> REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> PLUG AND ABANDONMENT <input checked="" type="checkbox"/> CASING TEST AND CEMENT JOB <input 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.

5-9-90 MIRU Mayo Marrs #1, NU BOP, Rel packer, POOH w/ tbq.  
Set 1/2" CIBP @ 4600' + 35' cmt cap,  
Displace 5 1/2" casing w/10# gelled brine  
Spot 25 sx CLC (1750-1500)  
Set 25 sx CLC (250-surface)

5-10-90 Cut casing heads off, weld plate and marker  
Clean location

Well PA'D 05-10-90

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 5-11-90  
 TYPE OR PRINT NAME D.W. Parks, Jr. (915) TELEPHONE NO. 688-2548

(This space for State Use)

APPROVED BY [Signature] TITLE OIL & GAS INSPECTOR DATE             
 CONDITIONS OF APPROVAL, IF ANY:

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