

DISTRICT I

1625 N. French Dr., Hobbs, NM 88240

DISTRICT II

811 South First, Artesia NM 88210

DISTRICT III

1000 Rio Brazos Rd., Aztec, NM 87410

DISTRICT IV

2040 South Pacheco, Santa Fe, NM 87505

OIL CONSERVATION DIVISION

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

WELL API NO.
30-025-02031

5. Indicate Type of Lease
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.
B-1520

7. Lease Name or Unit Agreement Name
Bridges State

8. Well No.
37

9. Pool name or Wildcat
Vacuum; Grayburg-San Andres

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 type="checkbox"/> Gas Well <input type="checkbox"/> Other Injector	
2. Name of Operator Mobil Producing TX. & N.M. Inc.	
3. Address of Operator P.O. Box 4358 Houston TX 77210-4358	
4. Well Location Unit Letter K : 1980 Feet From The south Line and 1980 Feet From The west Line Section 14 Township 17S Range 34E NMPH Lea County	
10. Elevation (Show whether DR, RKB, RT, GR, etc.) 4047 gr	

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 ☐ MULTIPLE COMPLETION ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG & ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: **Mechanical Integrity Test** ☒

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. (For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion)

7/31/02 9:00 am Date of test. Witnessed by NMOCD rep Johnny Robinson.

Test pressure (psig): 560

	Tubing	Production Casing	Surface Casing
Initial	560	0	0
15 Min.	560	0	0
30 Min.	560	0	0

MIT chart attached. Well temporarily abandoned. CIBP @ 4160'

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

SIGNATURE Tiffany A. Stebbins TITLE **Staff Office Assistant**

DATE **08/13/2002**

TYPE OR PRINT NAME **Tiffany A. Stebbins**

TELEPHONE NO. **(713) 431-1207**

(This space for State Use)

APPROVED BY

CONDITIONS OF APPROVAL IF ANY:

ORIGINALS SENT BY
CERTIFIED MAIL

FILED REPRESENTATIVE CONTACT MANAGER

DATE

AUG 21 2002

