Submit 3 Copies to Appropriate District Office

State of New Mexico
Ene 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 [X] FEE [ ]

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

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.)

7. Lease Name or Unit Agreement Name: BRIDGES STATE

1. Type of Well: OIL WELL [X] GAS WELL [ ] OTHER

2. Name of Operator: Mobil Producing TX & NM, Inc.

8. Well No. 54

3. Address of Operator: P.O. Box 633 Midland, Texas 79702

9. Pool name or Wildcat: Vacuum Grayburg San Andres

4. Well Location
Unit Letter P : 660 Feet From The South Line and 660 Feet From The East Line
Section 14 Township 17 S Range 34 E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.) GL (Est) 4025

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK	[ ]	PLUG AND ABANDON	[ ]	REMEDIAL WORK	[ ]	ALTERING CASING	[ ]
TEMPORARILY ABANDON	[ ]	CHANGE PLANS	[ ]	COMMENCE DRILLING OPNS.	[ ]	PLUG AND ABANDONMENT	[ ]
PULL OR ALTER CASING	[ ]			CASING TEST AND CEMENT JOB	[ ]		
OTHER:	[ ]			OTHER: Temporary Abandon	[X]		

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.

03-21-90 MIRU TYLER #103, POOH/LD RODS, PUMP & TBG.
03-22-90 STRIPPED OUT TBG (82 jts) & ALL RODS, PUMP AND GAS ANCHOR
03-23-90 FISH FOR TBG, ROD, PUMP
03-24-90 CLEAN OUT GYPSUM & IRON SULFIDE TO 4180', TAG TOP OF TBG.
CIRC CLEAN, RIH W/ELDER 7" CIBP TO 4180'
DISPLACE CSG W/200 bbls PKR FLUID - PRESS TEST CSG TO 300#/OK
CAP CIBP W/35' (6 sk) CMT.
03-27-90 ND BOP & NU WELLHEAD

WELL TA'D 3-27-90

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

SIGNATURE [signature] TITLE Regulatory Technician DATE 03-29-90

TYPE OR PRINT NAME TELEPHONE NO.

(This space for State Use) ORIGINAL SIGNED BY DISTRICT I SUPERVISOR APR 1990

APPROVED BY TITLE DATE

CONDITIONS OF APPROVAL, IF ANY: