

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.
30-025-02034

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.
56

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 ☐ Gas Well ☐ Other **Injector**

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

3. Address of Operator **P. O. Box 4358**
Houston TX 77210-4358

4. Well Location
Unit Letter **I** **1980** Feet From The **South** Line and **660** Feet From The **East** Line
Section **14** Township **17S** Range **34E** NMPH **Lea** County

10. Elevation (Show whether DR, RKB, RT, GR, etc.)
GR 4029'

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

NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
PLUG AND ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
CHANGE PLANS <input type="checkbox"/>	PLUG & ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>
MULTIPLE COMPLETION <input type="checkbox"/>	
OTHER: backflow test <input checked="" 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. (For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion)

Proposed procedure for backflowing:

HOOK-UP:

Close tubing and injection line valves
Bleed ALL pressure from piping
Install pressure gauge, bleeder valve and choke
Connect valve to choke to piping to tank

DAILY OPERATION: 7:00 AM to 2:00 PM

Open well valve with Choke closed and NOTE tubing pressure and note tank level
Open choke slowly until pressure is stable at half of initial tubing pressure
Flow well to tank for the seven daylight hours
Note tubing pressure and tank level when shutting in well at night
Repeat process for 7 days. Haul liquids to Bridges State Tank Battery as needed

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

SIGNATURE D. O. Howard TITLE **Regulatory Specialist**

DATE **11/05/2001**

TYPE OR PRINT NAME **Dolores O. Howard**

TELEPHONE NO. **(713) 431-1792**

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL IF ANY: