

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.	30-025-02038
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.	64
9. Pool name or Wildcat	Vacumn-Grayburg-San Andres
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	GR 4037

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 ☐	2. Name of Operator Mobil Producing Tx. & N.M. Inc.
3. Address of Operator c/o Mobil Exploration & Producing U.S. Inc. P. O. Box 633, Midland, Texas 79702	4. Well Location Unit Letter <u>G</u> : <u>1980</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>East</u> Line Section <u>14</u> Township <u>17S</u> Range <u>34E</u> NMPM Lea County

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK ☐	REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐	ALTERING CASING ☐
PULL OR ALTER CASING ☐	COMMENCE DRILLING OPNS. ☐
OTHER: Convert from WIW to Producer ☒	PLUG AND ABANDONMENT ☐
	CASING TEST AND CEMENT JOB ☐
	OTHER: ☐

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.

- Injection well shut in June 10, 1990. Start-up of State Sec. 27 SWD system.
- Reverse injection meter.
- Open injection to backflow water from San Andres to State Sec. 27 SWD System. Well status changed to producer. Backflow volume and reduction in shut-in surface pressure to be recorded.

PURPOSE: Depressurize San Andres reservoir underlying Mobil-operated Bridges State Lease.

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

SIGNATURE J. W. Dixon TITLE Environmental and Regulatory DATE 7/31/90

TYPE OR PRINT NAME J. W. Dixon TELEPHONE NO. (915) 688-2452

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: _____