

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

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

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

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|---|
| 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 |
| 7. Lease Name or Unit Agreement Name BRIDGES STATE |
| 8. Well No. 93 |
| 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.)

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| 1. Type of Well: OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER WIW <input type="checkbox"/> |
| 2. Name of Operator Mobil Producing TX & NM Inc.* |
| 3. Address of Operator *Mobil Exploration & Producing U.S. Inc., as Agent for Mobil Producing TX & NM Inc.; P.O. Box 633, Midland, TX 79702 |

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| 4. Well Location Unit Letter <u>J</u> : <u>1980</u> Feet From The <u>SOUTH</u> Line and <u>1980</u> Feet From The <u>EAST</u> Line Section <u>3</u> Township <u>17-S</u> Range <u>34E</u> NMPM LEA County |
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| 10. Elevation (Show whether DF, RKB, RT, GR, etc.) |
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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"/> | PLUG AND ABANDON <input checked="" type="checkbox"/> | REMEDIAL WORK <input type="checkbox"/> | ALTERING CASING <input type="checkbox"/> |
| TEMPORARILY ABANDON <input type="checkbox"/> | CHANGE PLANS <input type="checkbox"/> | COMMENCE DRILLING OPNS. <input type="checkbox"/> | PLUG AND ABANDONMENT <input type="checkbox"/> |
| PULL OR ALTER CASING <input type="checkbox"/> | | CASING TEST AND CEMENT JOB <input type="checkbox"/> | |
| OTHER: _____ <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.

- MIRU WO UNIT, NU BOP, TEST.
- SET 50' (5 SKS) CMT CAP ON CIBP @ 4104'. CIRC WELLBORE W/10 PPG GELLED BRINE.
- SET 150' (16 SKS) CMT PLUG 1750-1600' (ACROSS TOP SALT @ 1600 & 8 5/8" CSG SHOE @ 1665'.
- SET 100' (10 SKS) CMT PLUG 350-250' (ACROSS FRESH WATER ZONE).
- SET 100' (10 SKS) CMT SURFACE PLUG, CUT CSG 3' BELOW GROUND.
- WELD ON PLATE AND P & A MARKER, BACKFILL ANY PITS, CLEAN LOCATION.

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

SIGNATURE Shirley Todd TITLE Proration Analyst DATE 1-5-90

TYPE OR PRINT NAME SHIRLEY TODD TELEPHONE NO. 688-2585

(This space for State Use) **Orig. Signed by Paul Kautz Geologist** DATE JAN 09 1990

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: **THE COMMISSION MUST BE NOTIFIED 24 HOURS PRIOR TO THE BEGINNING OF PLUGGING OPERATIONS FOR THE C-103 TO BE APPROVED.**