

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised March 25, 1999

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.
30-025-22344

5. Indicate Type of Lease

STATE ☒ FEE ☐

6. State Oil & Gas Lease No.
8055

7. Lease Name or Unit Agreement Name

North Vacuum Abo Unit

8. Well No.
230

9. Pool name or Wildcat
Vacuum; Abo, North

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

INJECTION

2. Name of Operator

Exxon Mobil Corporation

3. Address of Operator P.O. Box 4358

Houston

TX 77210-4358

4. Well Location

Unit Letter J 1880 Feet From The SOUTH Line and 2130 Feet From The EAST Line

Section 13

Township 17S

Range 34E

NMPH

Lea

County

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

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)

DATE OF MIT 02/21/2001

TEST PRESSURE 520 PSIG

02/21/2001 TUBING CASING

INITIAL 475 520

15 MIN 475 525

30 MIN 475 525

PACKER SETTING DEPTH 8214'

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

SIGNATURE Mary L. Dow

TITLE Senior Staff Office Assistant

DATE 04/06/2001

TYPE OR PRINT NAME Mary L. Dow

TELEPHONE NO. (713) 431-1797

(This space for State Use)

APPROVED BY

TITLE

DATE

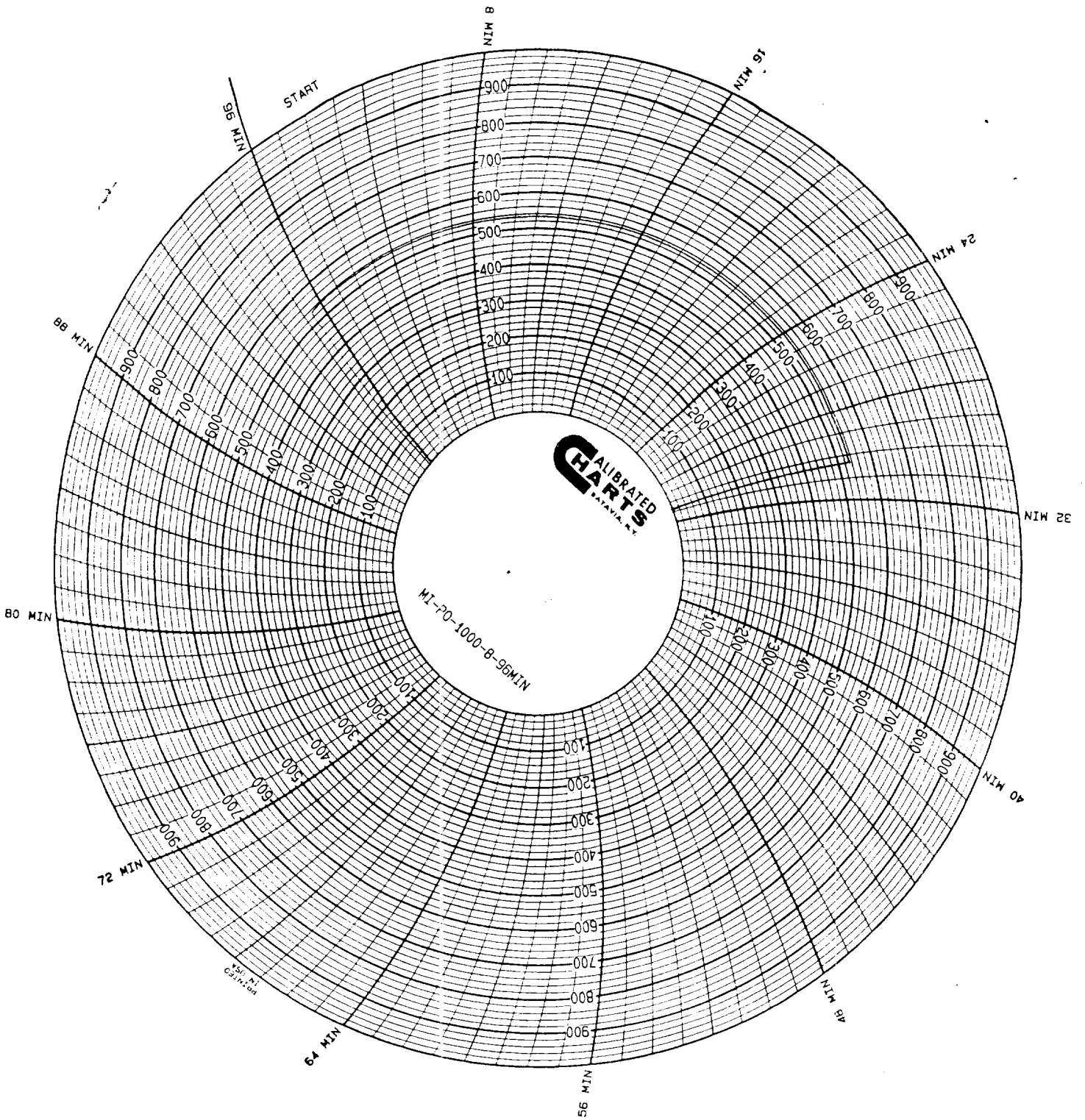
CONDITIONS OF APPROVAL IF ANY:

~~Approval of Temporary~~

~~Assignment~~

JCS





RECEIVED
FEB 27 2001

H-5
02/21/01 - #230
NVA INSIDE
JAN 2001

APR 2001
RECEIVED
HOLDS
OCC.