F.O. Drawer DD, Artesia, NM 88216

DISTRICT II

OIL CONSERVATION DIVISION P.O. Box 2088

anta Pe, New Mexico 87504-2088

This form in not to be used for reporting packer leakage tests torthwest New Mexico

Operator	MOBIL PRODUCING TX & NM INC.*					La	Bridges STA+				Well Na	
Location of Well	Unit	S	K.	1	Iwp /	7- S	Rp ?	1000 -	3114-15	County /		
	Name of 1	Personic or B	servoir or Pool		Type of Prod.		Rue 34-E		Prod. Medisum		hen	
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Submit 3 Copies to Appropriate

CONDITIONS OF APPROVAL, IF ANY:

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

District Office OIL CONSERVATION DIVISION DISTRICT I P.O. Box 1980, Hobbs NM 88241-1980 WELL API NO. 2040 Pacheco St. DISTRICT II 025-22526 Santa Fe, NM 87505 P.O. Drawer DD, Artesia, NM 88210 5. Indicate Type of Lease DISTRICT III STATE X FEE 🗌 1000 Rio Brazos Rd., Aztec, NM 87410 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" 7. Lease Name or Unit Agreement Name (FORM C-101) FOR SUCH PROPOSALS.) BRIDGES STATE 1. Type of Well: OIL WELL X GAS **BRIDGES STATE** WELL OTHER 2. Name of Operator MOBIL PRODUCTING TX & NM INC.* 8. Well No. *MOBIL EXPLORATION & PRODUCING US INC. AS AGENT FOR MPTM 126 3. Address of Operator 9. Pool name or Wildcat P.O. Box 633 Midland, TX 79702 VACUUM MIDDLE PENN 4. Well Location 1980 Feet From The Unit Letter SOUTH 1830 Line and **EAST** Feet From The Line Section SEC. 11 ship T-17-S Range R34E N1
10. Elevation (Show whether DF, RKB, RT, GR, etc.) Township NMPM LEA County 4040.5 GL Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data 11. 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: PACKER LEAKAGE 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. 9-21-98--9-22-98 PACKER LEAKAGE TEST & CHART I hereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE TITLE ENV & REG TECHNICIAN TYPE OR PRINT NAME SHIRLEY HOUCHINS (This space for State Use) 4.5 APPROVED BY

TITLE