

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

OIL CONSERVATION DIVISION

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

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

WELL API NO.
30-025-22526

5. Indicate Type of Lease

STATE ☒ FEE ☐

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"
(FORM C-101) FOR SUCH PROPOSALS.)

7. Lease Name or Unit Agreement Name

BRIDGES STATE

1. Type of Well:

OIL WELL ☒ GAS WELL ☐ OTHER

2. Name of Operator

MOBIL PRODUCING TX & NM INC.* *MOBIL EXPLORATION & PRODUCING

8. Well No.

126

3. Address of Operator

AS AGENT FOR MPTM , BOX 633, MIDLAND, TX 79702

9. Pool name or Wildcat

VACUUM MIDDLE PENN

4. Well Location

Unit Letter **J** : **1980** Feet From The **SOUTH** Line and **1830** Feet From The **EAST** Line

Section **11**

Township **17-S**

Range **34-E**

NMPM LEA

County

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

4040.5 GL

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 ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: **PACKER LEAKAGE TEST PERFORMED** ☒

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.

SCHEDULED PACKER LEAKAGE TEST RESULTED IN FINDING PRESSURE ON THE BACK SIDE AND SUBSEQUENT PRODUCTION UP THE BACKSIDE FROM THE MIDDLE PENN FORMATION THAT WAS PREVIOUSLY TA'D.
WE WILL RIG UP ON THE WELL AND RE-RUN PRODUCTION TUBING AND RE-INSTATE THE WELL AS A MULTIPLE COMPLETION.

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

SIGNATURE C. A. Moore

TITLE **ENV. & REG. TECH II**

DATE **10-9-95**

TYPE OR PRINT NAME **C. A. MOORE**

TELEPHONE NO. **915)688-1772**

(This space for State Use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

30-025-22526