

**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.  
**30-025-23460**

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.

**135**

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 WELL**

2. Name of Operator

**Exxon Mobil Corporation**

3. Address of Operator **P.O. Box 4358**

**Houston**

**TX 77210-4358**

4. Well Location

Unit Letter **L** : **860** Feet From The **west** Line and **1980** Feet From The **south** Line

Section **11**

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** ☒

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)

**08/01/2001 DATE OF TEST**

**08/01/2001 TUBING CASING**

**INITIAL 0 665**

**15 MIN. 0 665**

**30 MIN. 0 665**

**GUIBERSON PERM PACKER SET @ 8510'**

**THIS TEST IS AFTER WORKOVER**

**THIS WELL IS SHUT-IN**

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 **09/18/2001**

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:



