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, Sante 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**

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: **North Vacuum Abo Unit**

1. Type of Well: Oil Well ☐ Gas Well ☐ Other **INJECTION WELL**

2. Name of Operator: **Exxon Mobil Corporation**

8. Well No. **135**

3. Address of Operator **P.O. Box 4358** **Houston** **TX 77210-4358**

9. Pool name or Wildcat **Vacuum;Abo, North**

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:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK ☐	PLUG AND ABANDON ☐	REMEDIAL WORK ☐	ALTERING CASING ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPNS. ☐	PLUG & ABANDONMENT ☐
PULL OR ALTER CASING ☐	MULTIPLE COMPLETION ☐	CASING TEST AND CEMENT JOB ☐	
OTHER: ☐		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)

05/01/2001 DATE OF TEST

05/01/2001	TUBING	CASING
INITIAL	0	520
15 MIN.	0	520
30 MIN.	0	520

GUIBERSON AN PACKER SET @ 8550'
THIS TEST IS AFTER WORKOVER.
THIS IS AN ACTIVE INJECTOR

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 **05/23/2001**

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:

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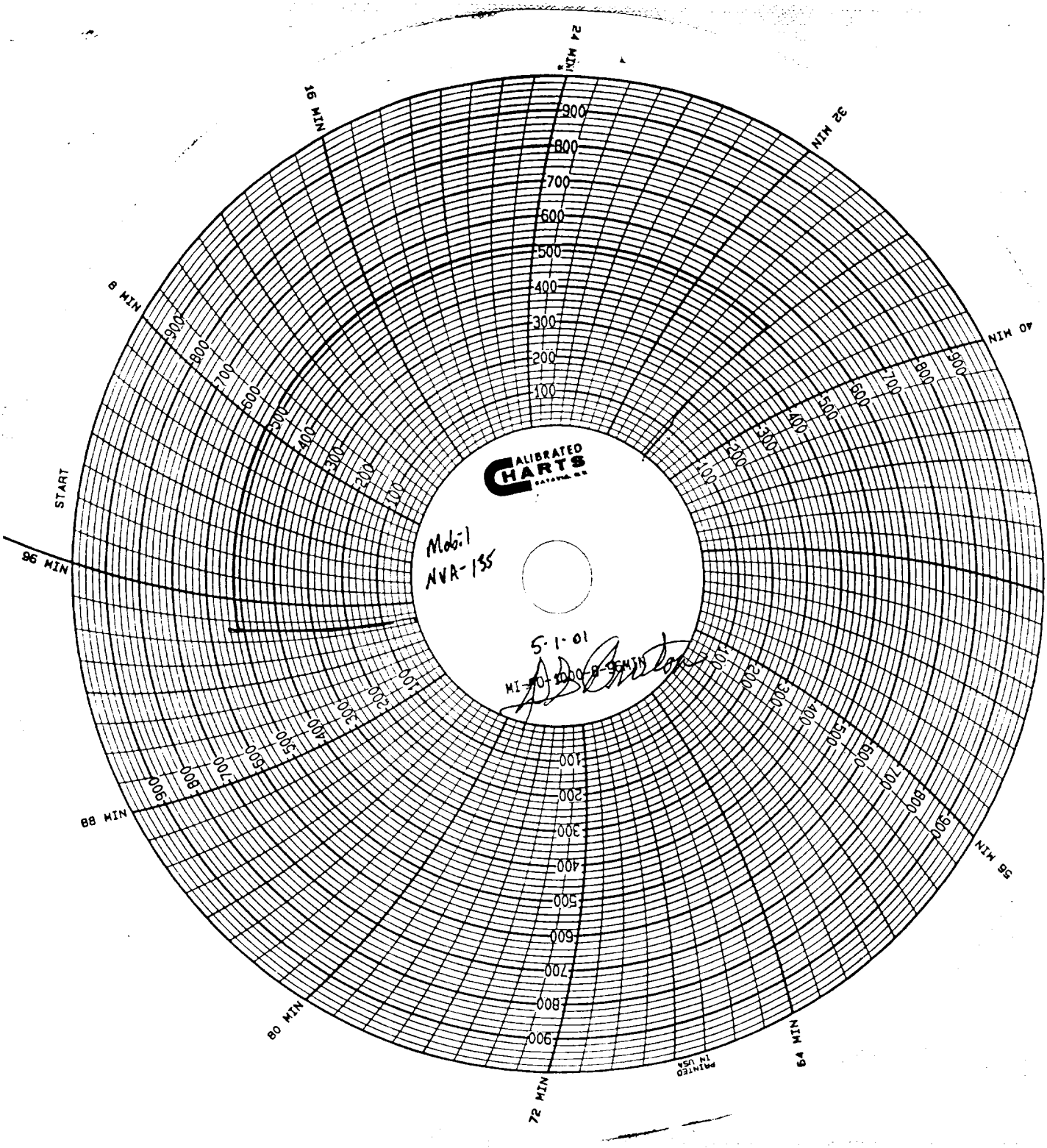
CALIBRATED CHARTS
Mobil
NVA-135
5-1-01
START
8 MIN
16 MIN
24 MIN
32 MIN
40 MIN
48 MIN
56 MIN
64 MIN
72 MIN
80 MIN
88 MIN
96 MIN
PRINTED IN USA

Company: Mobil
Lease: NVA
Date of Test: 5-1-01
Packer: make — model — Well No.: 135
Tubing Pressure: 0 min 0 15 min 0 depth —
Casing Pressure: 0 min 520 15 min 520 30 min 0
Surf Csg Pressure: 0 min 0 15 min 0 30 min 520
1000# lb spring 96min chart 30 min 0
Service Company: Pate Trucking Co. Inc 96 min clock
Driver/Supervision: Eddie Soliz
Company Representative: Cecil Robles Jr.
RRC Required: (Y) N
Witnessed by RRC: Y (N)

RECEIVED Hobbs OCD MAY 2001
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31