Submit 3 Copies to Appropriate

## State of New Mexico Energy Minerals and Natural Resources Department

Form C-103

District Office	Lifeigy, witherais	mia i tatarar 21000				Revised March 25,	1999
DISTRICT I 1625 N. French Dr., Hobbs, NM 88240 OIL CONSERVATION DISTRICT II P.O. Box 20			DIVISION		WELL API NO. 30-025-23460  5. Indicate Type of Lease		
811 South First, Artesia NM 88210 DISTRICT III	Santa Fe, New Mexico 87504-2088			5. Indicat			
DISTRICT IV 2040 South Pacheco, Sante Fe, NM 87505					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							
(DO NOT USE THIS FORM FOR DIFFERENT RE (FO	RMIT"	/. Lease	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  Mobil Producing TX. & N.M. Inc.					8. Well No. 135		
3. Address of Operator P.O. Box 4358 Houston			0-4358	· ·	name or Wildcat n;Abo, North		
4. Well Location  Unit Letter L 8	660 Feet From Tl	west	Line and 198	Feet From	m The south	Line	
Section 11	Township 1		Range 34E	NMPH		Lea Cour	nty
	10. Elev	vation (Show whether)	DR, RKB, RT, GR,	etc.)			$/\!\!/$
PERFORM REMEDIAL WORK TEMPORARILY ABANDON	MULTIPLE COMPLETION  d operations. (Clearly Multiple Completions my pressure. Kill P. Latch out of G  1 5-1/2" gauge ring H with wireline and baler on wireline. If ok, continue, If y as per Houston I g. Circulate Baker ll for a kill string	BANDON   State all pertinent destrictions in Attach wellbore dewell if necessary duiberson Model of the State	REMEDIAL W COMMENCE CASING TEST OTHER:  details, and give peliagram of propose "AN" permane with gauge ring ools. nent on top of C a leak, notify l	ertinent dates, included completion or recent packer @ 851 g. PU & RIH with CIBP @ 8490'. I	ALTE PLUG OB D  adding estimated dicompletion)  10'. POH with the 5-1/2" 15.5  POH and RDM cring for cemes	RING CASING & ABANDONMEN  Late of starting any p  in injection tubing & 17# CIBP.  IO wireline. Int squeeze	roposed, and
I hereby certify that the information above is true and SIGNATURE.	complete to the best of my know		Sr. Regulatory	Specialist	D	ATE 02/12/2001	
TYPE OR PRINT NAME Dolores O. He	oward				TELEPHONE NO.	(713) 431-1792	
(This space for State Use)							

\_\_ TITLE \_

APPROVED BY\_\_\_\_