

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, Santa Fe, NM 87505

**OIL CONSERVATION DIVISION**

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

WELL API NO. <b>30-025-23541</b>
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. <b>8055</b>
7. Lease Name or Unit Agreement Name <b>North Vacuum Abo Unit</b>
8. Well No. <b>139</b>
9. Pool name or Wildcat <b>Vacuum; Abo, North</b>

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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 <input type="checkbox"/> Gas Well <input type="checkbox"/> Other <b>Injector</b>	
2. Name of Operator <b>Mobil Producing TX. &amp; N.M. Inc.</b>	
3. Address of Operator <b>P.O. Box 4358</b> <b>Houston TX 77210-4358</b>	
4. Well Location Unit Letter <b>L</b> <b>1980</b> Feet From The <b>south</b> Line and <b>860</b> Feet From The <b>west</b> Line Section <b>14</b> Township <b>17S</b> Range <b>34E</b> NMPH <b>Lea</b> 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 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. (For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion)

**12/04/2002 through 12/18/2002 Replaced injection tubing with new cement lined tubing.**

**MIRU WSU, kill well.**

**Installed BOPE. Release packer and POOH. POOH with old injection tubing.**

**Set 4-1/2" G-6 packer at 8507'. RIH with new CL injection tubing. Circulate packer fluid.**

**Performed MIT test 12/18/02, witnessed by NMOCD representative Johnny Robinson.**

**Test pressure: 320 psig**

	Prod.	Surface
	Tubing	Casing
Initial	2000	320
15 min	2000	320
30 min	2000	320

**Returned to injection**

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

SIGNATURE Tiffany Stebbins TITLE **Staff Office Assistant**

DATE **01/02/2003**

TYPE OR PRINT NAME **Tiffany A. Stebbins**

TELEPHONE NO. **(713) 431-1207**

(This space for State Use)

**JAN 03 2003**

APPROVED BY

CONDITIONS OF APPROVAL IF ANY:

DATE

