

Submit 3 Copies To Appropriate District
Office

District I

1625 N. French Dr., Hobbs, NM 88240

District II

1301 W. Grand Avenue, Artesia, NM 87210

District III

1000 Rio Brazos Rd., Aztec, NM 87410

District IV

1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

Form C-103

Revised March 25, 1999

WELL API NO.

30-025-23541

5. Indicate Type of Lease

STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

B-1520

7. Lease Name or Unit Agreement Name:

North Vacuum ABO Unit

8. Well No.

139

9. Pool name or Wildcat

North Vacuum ABO

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 ☐ Injector

2. Name of Operator

Mobil Producing TX. & N.M. Inc.

3. Address of Operator

P.O. Box 4358, Houston, TX 77210-4358

4. Well Location

Unit Letter L: 1980 feet from the south line and 860 feet from the west line

Section 14

Township 17S

Range 34E

NMPM

County Lea

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 AND 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.

Replaced two bad tubing joints. Performed mechanical integrity test on 7/31/02.
Test witnessed by NMOCD rep Johnny Robinson.

	Tubing	Producing Casing	Surface Casing
Initial	560	0	0
15 Min.	555	0	0
30 Min.	550	0	0

4-1/2" G-6 packer at 8507'. Well status is active. Chart is attached.

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 8-16-02

Type or print name Tiffany Stebbins

Telephone No. 713-431-1207

(This space for State use)

APPROVED BY _____ TITLE _____ DATE AUG 20 2002

Conditions of approval, if any:

