

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

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

WELL API NO.
5. Indicate Type of Lease STATE ☒ FEE ☐
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Bridges State/ North Vacuum Abo Unit
8. Well No. 147
9. Pool name or Wildcat Vacuum Abo North/Middle Penn

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 WIW (Dual)
2. Name of Operator Mobil Producing TX & NM, Inc.
3. Address of Operator P.O. Box 633 Midland, Texas 79702
4. Well Location Unit Letter F : 2080 Feet From The North Line and 1780 Feet From The West Line Section 13 Township 17S Range 34E NMPM Lea County 10. Elevation (Show whether DF, RKB, RT, GR, etc.) KB: 4039

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK ☒	REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐	ALTERING CASING ☐
PULL OR ALTER CASING ☐	COMMENCE DRILLING OPNS. ☐
OTHER: ☐	PLUG AND ABANDONMENT ☐
	CASING TEST AND CEMENT JOB ☐
	OTHER: ☐

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.

Set 2-500 bbl tanks. SI in both strings, record tbq. press. Open one string to tank. Monitor press. on SI string for at least 1 hour. (notify Eng. of suspect communication). Open remaining string, backflow both strings into tank approx. 2 days or until SITP on both strings are at or below 2000 psi. Install tree saver on each string, (Abo rated to 6000 psi) and (Middle Penn @ 8000 psi). MIRU Service Co., stimulate Penn perms (10,442-10,469) w/500 gals xylene + 1000 gals 15% DI NEFE HCL + 4,000 gals. x-linked 15% DI NEFE HCL. Stimulate ABO (8,503-8,554) w/1000 gals 15% DI NEFE HCL + 4,000 gals x-linked 15% DI NEFE HCL.

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

SIGNATURE D.W. Parks, Jr. TITLE Regulatory Technician DATE 5-16-90
TYPE OR PRINT NAME D.W. Parks, Jr. (915)
TELEPHONE NO. 688-2548

(This space for State Use)

ORIGINAL SIGNED BY ALARY SERVICE
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

MAY 18 1990