

Submit 3 Copies

to Appropriate

District Office

State of New Mexico

Energy, Minerals and Natural Resources Department

Form C-103

Revised 1-1-89

DISTRICT I

P.O. Box 1980, Hobbs NM 88241-1980

DISTRICT II

P.O. Drawer DD, Artesia, NM 88210

DISTRICT III

1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

2040 Pacheco St.

Santa Fe, NM 87505

WELL API NO.	30-025-23566
5. Indicate Type of Lease	STATE ☒ FEE ☐
6. State Oil & Gas Lease No.	B-1520-1
7. Lease Name or Unit Agreement Name	NORTH VACUUM ABO UNIT
8. Well No.	142
9. Pool name or Wildcat	NORTH VACUUM ABO
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	

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 & NM INC.* *MOBIL EXPLORATION & PRODUCING US INC. AS AGENT FOR MPTM
3. Address of Operator P.O. Box 633 Midland, TX 79702	4. Well Location Unit Letter J : 1807 Feet From The SOUTH Line and 1880 Feet From The EAST Line Section 14 Township 17-S Range 34-E NMPM LEA County
10. Elevation (Show whether DF, 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 AND ABANDONMENT ☐
PULL OR ALTER CASING ☐		CASING TEST AND CEMENT JOB ☐	
OTHER: ☐		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.

3-29-99 TUBING PARTED @ 7272', RAN OVERSHOT, RIH W/SEAL ASSEMBLY, TEST TBG IN HOLE, CIRC PKR FLUID, RUN CHART FOR NMOC. END OF TBG @ 8355'.

ATTACHED COPY OF CHART (ORIGINAL SENT 4-12-99 TO HOBBS OFFICE)

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

SIGNATURE Shirley Houchins TITLE ENV & REG TECHNICIAN DATE 4-14-99
TYPE OR PRINT NAME SHIRLEY HOUCHINS TELEPHONE NO. 915 688-2585

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: _____



