STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

5a. Indicate Type of Lease: State [X] Fee [ ]

5. State Oil & Gas Lease No.: B-1520-1

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. OIL WELL [ ] GAS WELL [ ] OTHER- WIW

7. Unit Agreement Name: North Vacuum Abo Unit

2. Name of Operator: Mobil Producing TX & NM Inc.

8. Farm or Lease Name:

3. Address of Operator: 9 Greenway Plaza, Suite 2700, Houston, TX 77046

9. Well No.: 142

4. Location of Well: UNIT LETTER J, 1807 FEET FROM THE South LINE AND 1880 FEET FROM THE East LINE, SECTION 14, TOWNSHIP 17S, RANGE 34E, NMPM.

10. Field and Pool, or Wildcat: North Vacuum Abo

15. Elevation (Show whether DF, RT, GR, etc.)

12. County: Lea

16.

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

- PERFORM REMEDIAL WORK [ ]
- TEMPORARILY ABANDON [ ]
- PULL OR ALTER CASING [ ]
- PLUG AND ABANDON [ ]
- CHANGE PLANS [ ]
- OTHER [ ]

SUBSEQUENT REPORT OF:

- REMEDIAL WORK [ ]
- COMMENCE DRILLING OPNS. [ ]
- CASING TEST AND CEMENT JOB [ ]
- ALTERING CASING [ ]
- PLUG AND ABANDONMENT [ ]
- OTHER Convert to WIW [X]

3/3X-557

17. 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.

9-17-86 MIRU X-Pert WS, POH.

9-18-86 Perf Abo W/2 JSPF @ 8532-44, 48, 50, 52, 54. 61, 63, 75, 78, 80, 82, 84, 86, 88, 90, 91, 98, 99, 8600, 02, 04, 06, 08, 09 (50 holes), RIH W/pkr @ set @ 8433.

9-19-86 Acdz 8532-8609 in 1 stage + 90 RCNBS, displ W/40 BFW, POH.

9-22-86 RIH W/perm pkr on 2 3/8 tbg, set pkr @ 8466, load annl w/pkr fluid.

9-23-86 PSI tst annl 600# - 30 min - OK, witnessed by Ray Smith - NMOCD, RDMO, turn to injection.

9-30-86 Final Injection Rate: 293 BW; 800# TP; 0# CP.

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

SIGNED Nancy Davis TITLE Authorized Agent DATE 10-6-86

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: