

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 10-1-76

5a. Indicate Type of Lease
State ☒ Fee ☐
5. State Oil & Gas Lease No.
B-1520

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 <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- WATER INJECTION WELL	7. Unit Agreement Name North Vacuum Abo Unit
2. Name of Operator Mobil Producing TX. & N.M. Inc.	8. Farm or Lease Name
3. Address of Operator Nine Greenway Plaza, Suite 2700, Houston, Texas 77046	9. Well No. 148
4. Location of Well UNIT LETTER N 1980 FEET FROM THE West LINE AND 860 FEET FROM THE South LINE, SECTION 11 TOWNSHIP 17S RANGE 34E NMPM.	10. Field and Pool, or Wildcat
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 ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐ OTHER ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☒ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOBS ☐
OTHER ☐

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.

11/07/83 Western Co. acidized Abo formation from 8562-8601 down 2-3/8 tubing with 5000 gals 15% Ne Fe DI HCl acid, job complete at 11:12 am. Maximum pressure 5600#, maximum rate 1.4 BPM. Returned to injection at 2:00 pm at rate of 250 BPD, TP 3600#, CP 0#.

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

SIGNED Paula A. Collins

TITLE Authorized Agent

DATE 12/12/83

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT SUPERVISOR

APPROVED BY _____

TITLE _____

DATE DEC 16 1983

CONDITIONS OF APPROVAL, IF ANY: