

DISTRICT I
1625 N. French Dr., Hobbs, NM 88240
DISTRICT II
811 South First, Artesia NM 88210
DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410
DISTRICT IV
2040 South Pacheco, Santa Fe, NM 87505

OIL CONSERVATION DIVISION

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

WELL API NO.
30-025-23646

5. Indicate Type of Lease
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.
8055

7. Lease Name or Unit Agreement Name
North Vacuum Abo Unit

8. Well No.
146

9. Pool name or Wildcat
Vacuum; Abo, North

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 <input type="checkbox"/> Gas Well <input type="checkbox"/> Other injection	
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 B : 534 Feet From The North Line and 2134 Feet From The East Line Section 14 Township 17S Range 34E NMPH Lea County	
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:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
PLUG AND ABANDON <input type="checkbox"/>	PLUG & ABANDONMENT <input type="checkbox"/>
CHANGE PLANS <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>
MULTIPLE COMPLETION <input type="checkbox"/>	
OTHER: dig temporary pit <input checked="" type="checkbox"/>	OTHER: <input type="checkbox"/>

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)

Approval is requested for a temporary pit. Repair job is being performed on the well.

The pit will be 10' wide, 15' long, and 6' deep. A plastic liner will be used to line the pit. The pit will be covered within 5 days of ceasing operations. The pit will be fenced.

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

SIGNATURE D. O. Howard TITLE Regulatory Specialist DATE 04/02/2001
TYPE OR PRINT NAME Dolores O. Howard TELEPHONE NO. (713) 431-1792

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL IF ANY:

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