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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 ☒ Fee ☐  
5. State Oil & Gas Lease No.

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. 166
4. Location of Well UNIT LETTER <u>H</u> , <u>460</u> FEET FROM THE <u>East</u> LINE AND <u>1980</u> FEET FROM THE <u>North</u> LINE, SECTION <u>10</u> TOWNSHIP <u>17S</u> RANGE <u>34E</u> NMPM.	10. Field and Pool, or Wildcat Vacuum Abo, North
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:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	
		OTHER <input type="checkbox"/>	

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.

11/10/83 Western Co Acidized Abo formation from 8628-8781 down 2-3/8" tubing with 5000 gals. NE Fe DI and returned well to injection. Maximum treating pressure 5450#, maximum rate 2.3 BPM.

Started well on injection at 12:00 pm at rate of 250 BPD, TP 2300#, 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  
APPROVED BY DISTRICT 1 SUPERVISOR TITLE  DATE DEC 16 1983  
CONDITIONS OF APPROVAL, IF ANY: