

NEW MEXICO OIL CONSERVATION COMMISSION

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FILE		
U.S.G.S.		
LAND OFFICE		
OPERATOR		

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 REWORK TO A DIFFERENT RESERVOIR, USE "APPLICATION FOR PERMIT TO DRILL" (FORM C-101) FOR SUCH PROPOSALS.)

1. GAS WELL OTHER
 2. Name of Operator
 Mobil Oil Corporation
 3. Address of Operator
 Box 633, Midland, Texas 79701
 4. Location of Well
 UNIT LETTER B 770 FEET FROM THE N LINE AND 1990 FEET FROM
 THE E LINE, SECTION 10 TOWNSHIP 17-2 RANGE 34-E NMPM.

7. Well Agreement Name
 8. Farm or Lease Name
 North Vac Abo Unit
 9. Well No.
 131
 10. Field and Pool, or Wildcat
 North Vac - Abo

15. Elevation (Show whether DF, RT, CR, 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 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"/>
FULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <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.

Installed identified risers and surface valves on outlet of all unexposed casing strings
 Installation was inspected and approved by NMOOC personnel

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

Original Signed by:
 (Mrs.) Christine O. Tucker
 SIGNED _____ TITLE Authorized Agent DATE 6-1-76

APPROVED BY _____ TITLE _____ DATE JUN 8 1976

CONDITIONS OF APPROVAL, IF ANY: