

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

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

WELL API NO. 30-025-23986
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. B-1520
7. Lease Name or Unit Agreement Name NORTH VACUUM ABO UNIT
8. Well No. 171
9. Pool name or Wildcat NORTH VACUUM-ABO
10. Elevation (Show whether DF, RKB, RT, GR, etc.)

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 ☐ GAS WELL ☐ OTHER WIW ☐

2. Name of Operator
MOBIL PRODUCING TX & NM INC.

3. Address of Operator
P.O. BOX 633, Midland, TX 79702

4. Well Location
Unit Letter N : 1780 Feet From The WEST Line and 660 Feet From The SOUTH Line

Section 14 Township 17-S Range 34-E NMPM LEA County

10. Elevation (Show whether DF, 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 checked="" 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"/>
OTHER: <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input 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.

11-01-89 RIH W/TBG & REPAIR SEAL ASSEMBLY. PACKER SET @ 8529
PRESS. TESTED 30 MIN/HELD/OK/T.P. 1000# CSG. 0#
COMMENCED INJECTION

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

SIGNATURE Shirley Todd TITLE Oil Conservation Division DATE 11-13-89

TYPE OR PRINT NAME SHIRLEY TODD TELEPHONE NO. 688-2585

(This space for State Use)

APPROVED BY Paul R. ... TITLE ... DATE ...

CONDITIONS OF APPROVAL, IF ANY:

NOV 16 1989