Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Department

District Office	Energy, Minerals and Natural Resources Department			Form C-10
DISTRICT I 1625 N. French Dr., Hobbs, NM 88240 OIL CONSERVATION DIVISION DISTRICT II				Revised March 25, 19 WELL API NO.
811 South First, Artesia NM 88210		. Box 208		30-025-24025
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410	Santa Fe, New	v Mexico 8	37504-2088	5. Indicate Type of Lease
DISTRICT IV				STATE STATE
2040 South Pacheco, Sante Fe, NM 87505				6. State Oil & Gas Lease No. 8055
SUNDRY NO	OTICES AND REPOR	TS ON W	ELLS	1//////////////////////////////////////
(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)				7. Lease Name or Unit Agreement Name
				North Vacuum Abo Unit
1. Type of Well:				
Oil Well	Gas Well Oth	er Injectio	n Well	
2. Name of Operator				8. Well No.
Mobil Producing TX. & N.M. Inc.				173
3. Address of Operator P.O. Box 435				9. Pool name or Wildcat
Houston		TX 772	10-4358	Vacuum;Abo, North
4. Well Location F 184	0		10.10	
Unit Letter: 184	Feet From The N	orth	Line and 1840	Feet From The West Line
Section 14	Township 17S			MPH Lea County
	10. Elevation (S GR 4025	Show whether	DR, RKB, RT, GR, etc.)	
11 Chook A	mmonniste Des (T 1'		
		Indicate	Nature of Notice, R	eport, or Other Data
				QUENT REPORT OF:
PERFORM REMEDIAL WORK \Box	PLUG AND ABAND	on 🗆	REMEDIAL WORK	\boxtimes altering casing
TEMPORARILY ABANDON \Box	CHANGE PLANS		COMMENCE DRILLIN	G OPNS. 🛛 PLUG & ABANDONMENT
PULL OR ALTER CASING	MULTIPLE COMPLETION		CASING TEST AND CI	EMENT JOB
OTHER:			OTHER:	[
12. Describe proposed or completed operati work) SEE RULE 1103. (For Multiple	ons. (Clearly state all pertir	nent details, a	nd give pertinent dates, includ	ing estimated date of starting any proposed
Work) SEE ROLE 1103. (For Multiple	Completions: Attach wellb	ore diagram	of proposed completion or rec	ompletion)
$\frac{1}{1000}$ 1	1 coil tubing cleanout	t on wellbo	ore. Stimulated with 4	000 gallons 15% HCL. Well returned to
injection on 2/09/03. No changes	nave been made to th	he wellbor	e configuration.	
ABO perfs: 8572-76', 8593-95', 8	500-86051 8613 171	8621 201		
Baker NB packer at 8502'	······································	0021-29		
				-

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

 SIGNATURE
 Jare 02/21/2003

 TYPE OR PRINT NAME
 Tiffany A. Stebbins

 TITLE
 Staff Office Assistant

 DATE 02/21/2003
 DATE 02/21/2003

 TYPE OR PRINT NAME
 Tiffany A. Stebbins

 TELEPHONE NO. (713) 431-1207

 (This space for State Use)
 DATE OFFICE BY

 APPROVED BY
 DATE OFFICE BY

 CONDITIONS OF APPROVAL IF ANY:
 OC TIELD REPRESENTATIVE U/STAFF MANAGER