NO. OF COPIES RECEIVED		Form C-103
DISTRIBUTION		Supersedes Old
SANTA FE	NEW MEXICO OIL CONSERVATION COMMISSION	C-102 and C-103 Effective 1-1-65
U.S.G.S.	•	
LAND OFFICE		5a. Indicate Type of Lease
OPERATOR OPERATOR		State X Fee
O. ENATOR		5, State Oil & Gas Lease No.
CIVIDAY		E-580
SUNURY (DO NOT USE THIS FORM FOR PROPI USE "APPLICATION (DO NOT USE THIS FORM)	NOTICES AND REPORTS ON WELLS osals to drill or to deepen or plug back to a different reservoir. n for permit -" (form C-101) for Such Proposals.)	
1	H TOR PERMIT =" (FORM C-101) FOR SUCH PROPOSALS.)	
OIL GAS WELL WELL	OTHER-	7. Unit Agreement Name
2. Name of Operator		North Vac Abo Unit
Mobil Oil Corporation		
3. Address of Operator		9. Well No.
Box 633, Midland, Texas 79701		224
		10. Field and Pool, or Wildcat
UNIT LETTER B 745 FEET FROM THE NORTH LINE AND 1880 FELT FROM		North Vac-Abo
THE LAST LINE, SECTION	11 TOWNSHIP 17-S BANGE 34-E NMPH	
	15. Elevation (Show whether DF, RT, GR, etc.)	12. County
16.	4046.7	Lea \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
Check Ap NOTICE OF INT	opropriate Box To Indicate Nature of Notice, Report or O	
NOTICE OF INT	SUBSEQUEN	T REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON REMEDIAL WORK	
TEMPORARILY ABANDON	COMMENCE DRILLING OPNS.	ALTERING CASING
PULL OR ALTER CASING	CHANGE PLANS CASING TEST AND CEMENT JOB	PLUG AND ABANDONMENT
_	OTHER	
OTHER		
17. Describe Proposed or Completed Opers	ations (Glearly state all pertinent details, and give pertinent dates, includin	
work) SEE RULE 1103.	and give pertinent details, and give pertinent dates, includin	g estimated date of starting any proposed
Porosity log from K55 8rd LT&C csg, T1LW w/ ¼# Flocele	& DC's, Schl ran GR-S-Caliper & SW 0-8728, ran 205 jts 8730' 5½ 0D 17.0# Howco cmtd csg on bottom @ 8730 w/ 1800x in 1st 1000x + 200X Class C Neat cmt, 775, cmt circ, WOC. 4 days - Tested.	
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	•	
	•	S
18. I hereby certify that the information abo	ove is true and complete to the best of my knowledge and belief.	
GONED Christine O. Luck	Lu Authorized Agent	10-15-75
	TITLE	DATE 10-13-73
	i.	

CONDITIONS OF APPROVAL, IF ANY: