

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. 30-025-25167
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. B-1520-1
7. Lease Name or Unit Agreement Name BRIDGES STATE
8. Well No. 183
9. Pool name or Wildcat VACUUM; MIDDLE PENN

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER	
2. Name of Operator MOBIL PRODUCING TX & NM INC.* *MOBIL EXPLORATION & PRODUCING	
3. Address of Operator AS AGENT FOR MPTM, BOX 633, MIDLAND, TX 79702	
4. Well Location Unit Letter B : 910 Feet From The NORTH Line and 2055 Feet From The EAST Line Section 12 Township 17S Range 34E NMPM LEA County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 4017 GR	

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: **TEMPORARILY ABANDONED** ☒

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.

MOBIL REQUEST CONTINUED TA'D STATUS FOR THIS WELL. HOLDING FOR ATOKA/MORROW POTENTIAL

This Approval of Temporary
Abandonment Expires 4/1/92

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

SIGNATURE Shirley Houchins TITLE ENV. & REG. TECHNICIAN DATE 04-22-97
TYPE OR PRINT NAME SHIRLEY HOUCHINS TELEPHONE NO. 915-688-2585

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: