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NEW MEXICO OIL CONSERVATION COMMISSION

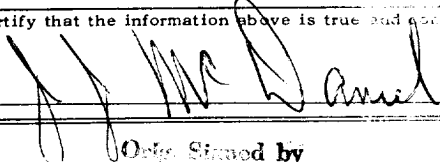
Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

SUNDRY NOTICES AND REPORTS ON WELLS <small>(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR TO EXTEND TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)</small>		5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- 2. Name of Operator Mobil Oil Corporation		5. State Oil & Gas Lease No. B-1520
3. Address of Operator Suite 800, Three Greenway Plaza East, Houston, Texas 77046		7. Unit Agreement Name
4. Location of Well UNIT LETTER I 2121 FEET FROM THE South 519 FEET FROM THE East LINE, SECTION 11 TOWNSHIP 17-S RANGE 34-E NMPM.		8. Farm or Lease Name North Vacuum Abo Unit
15. Elevation (Show in feet, R.F., GR, etc.) 11036 GR		9. Well No. 225
10. Field and Pool, or Wildcat No. Vacuum Abo Unit		12. County Lea

16. Check Appropriate Box To Indicate NOTICE OF INTENTION TO:		Subsequent Report of:	
PERFORM REMEDIAL WORK <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> OTHER _____	PLUG AND ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/>	SPECIAL WORK <input type="checkbox"/> EXTEND DRILLING OPNS. <input type="checkbox"/> REPAIR TEST AND CEMENT JOB <input checked="" type="checkbox"/> OTHER _____	ALTERING CASING <input type="checkbox"/> PLUG AND ABANDONMENT <input type="checkbox"/>

17. Describe Proposed or Completed Operations (Clearly state all pertinent work) SEE RULE 1103.

8-6-76
8700 TD 7-7/8" Hole
Ran 230 Jts 5½" 17# & 15.5# K-55 LT&C casing set on bottom at 8700'
Dowell cmtd 5½" casing on bottom w/1800 x, cmt. circ
WOC 18 hrs, Test 5½" casing at 2000# for 30 mi., OK

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.			
SIGNED 	TITLE Authorized Agent	DATE 8-18-76	
APPROVED BY _____	TITLE _____	DATE _____	
CONDITIONS OF APPROVAL, IF ANY:			