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NEW MEXICO OIL CONSERVATION COMMISSION

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

5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. B-1520

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. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator Mobil Oil Corporation	8. Farm or Lease Name North Vacuum Abo Unit
3. Address of Operator Suite 800, Three Greenway Plaza East, Houston, Texas 77046	9. Well No. 225
4. Location of Well UNIT LETTER I 2121 FEET FROM THE South LINE AND 519 FEET FROM East LINE, SECTION 11 TOWNSHIP 17-S RANGE 34-E NMPM.	10. Field and Pool, or Wildcat North Vacuum Abo
15. Elevation (Show whether DF, RT, GR, etc.) 4036 GR	12. County Lea

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"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input checked="" type="checkbox"/>	

17. 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.

7/22/76

(5) 3050 ND, WOC, 8-5/8 csg, finish hole @ 8 AM 7/21/76 circ 1½ hrs, POH, LD DC's, ran 74 jts 3050' 8-5/8 OD 24.0# S80 & K55 8rd ST&C csg, Dowell cmtd csg on bottom @ 3050 w/1400x TLLW containing 7½# salt/x + 200X Class C Neat cmt w/2.6# salt/x, PD @ 10:15 PM, 7/21/76, cmt circ, WOC. 18 hrs, Tested csg 1000# 15 MI OK.

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

SIGNED *[Signature]* TITLE **Authorized Agent** DATE **8-18-76**

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: