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LAND OFFICE	
OPERATOR	

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.	
1520	
7. Unit Agreement Name	
8. Farm or Lease Name	
North Vacuum Abo Unit	
9. Well No.	
226	
10. Field and Pool, or Wildcat	
North Vacuum Abo	
12. County	
Lea	

SUNDRY NOTICES AND REPORTS ON WELLS

DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEEN 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"/>
2. Name of Operator		
Mobil Oil Corporation		
3. Address of Operator		
Suite 800, Three Greenway Plaza East, Houston, Texas 77046		
4. Location of Well		
NE 1/4 K 2180 FEET FROM THE South LINE AND 1980 FEET FROM		
THE West LINE, SECTION 12 TOWNSHIP 17-S RANGE 34-E NMPM.		
15. Elevation (Show whether DF, RT, GR, etc.)		
4025 GR		

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLAYS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>

SUBSEQUENT REPORT OF:

REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
CASING TEST AND CEMENT JOB <input checked="" type="checkbox"/>	OTHER <input 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.

Finish 11" Hole 6:15 PM, 8-12-76.

Ran 75 Jts 8-5/8" 24#, S-80 set on bottom at 3070', Howco cmt1 w/1200x TLW + 7 1/2# Salt/x + 200 x "C" + 2.6# salt/x, cmt. circ. W.O.C. 18 hrs., Tested casing to BOP's 1000 psi/30 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: