

L CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

Form C-103  
Revised 10-1-73

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease  
State ☒ Fee ☐  
5. State Oil & Gas Lease No.  
B-1520-1

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 North Vacuum Abo Unit
2. Name of Operator Mobil Producing TX. & N.M. Inc.	8. Farm or Lease Name
3. Address of Operator Nine Greenway Plaza, Suite 2700, Houston, Texas 77046	9. Well No. 258
4. Location of Well UNIT LETTER G, 1993 FEET FROM THE North LINE AND 1915 FEET FROM THE East LINE, SECTION 13 TOWNSHIP 17S RANGE 34E NMPM.	10. Field and Pool, or Wildcat Vacuum Abo, North
15. Elevation (Show whether DF, RT, GR, etc.) 4022 GR	12. County Lea

16. 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"/>	OTHER <input type="checkbox"/>
		NEW WELL	

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.

07/30/84 Fin GIH w/5-1/2 csg, total 21 jts 5-1/2 17# N80 LT&C csg (926'), + 88 jts 5-1/2 15.5# J55 ST&C (3621'), BOT 8-5/8x5-1/2 type C mod hanger w/6' tieback sleeve, ran 15 centlz, TOD @ 4132 & btm @ 8699, ran on 4-1/2 DP, LC @ 8658, Circ 1 hr, HOWCO cmt 5-1/2 L w/750x Class H cmt + 4% gel + .3% Halad 9 + 1/4# FC/x + 300x Class H cmt + .3% Halad 9 + 1/4# FC/x, PD @ 1 PM, POH w/ setting tool, GIH w/bit to 3000 & circ & WOC 10 hrs, DO cmt 3481-4132, TOL 3 hrs, displ 8-5/8 csg w/fr wtr & test 8-5/8 csg & TOL w/1000 psi/30 min/ok.

08/07/84 DO cmt 8553-8680 = PBDT, circ clean & test 5-1/2 L & 8-5/8 csg w/1000 psi/30 min/held ok.

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

SIGNED Paula W. Collins TITLE Authorized Agent DATE 08/10/84

APPROVED BY DISTRICT MANAGER TITLE  DATE AUG 14 1984

CONDITIONS OF APPROVAL, IF ANY: