STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

5a. Indicate Type of Lease: State [X] 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 [X] GAS WELL [ ] OTHER-

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.: 263

4. Location of Well
UNIT LETTER O, 610 FEET FROM THE South LINE AND 1880 FEET FROM THE East LINE, SECTION 11 TOWNSHIP 17S RANGE 34E NMPM.

10. Field and Pool, or Wildcat: Vacuum Abo, North

15. Elevation (Show whether DF, RT, GR, etc.): 4041 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 [ ]	PLUG AND ABANDON [ ]	REMEDIAL WORK [ ]	ALTERING CASING [ ]
TEMPORARILY ABANDON [ ]		COMMENCE DRILLING OPNS. [ ]	PLUG AND ABANDONMENT [ ]
PULL OR ALTER CASING [ ]	CHANGE PLANS [ ]	CASING TEST AND CEMENT JOB [X]	
OTHER [ ]		OTHER [ ]	
		NEW WELL	

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed wprk) SEE RULE 1103.

08/20/84 Ran 8-5/8 type M notched shoe, 1 jt 8-5/8 32# S80 ST&C csg = 43', FC @ 4955, 12 jts 8-5/8 32# S80 ST&C csg = 543', 108 jts 8-5/8 32# K55 ST&C csg = 4457', ran 6 centlz, ran csg to 5000 & circ 1 hr, HOWCO cmt 8-5/8 csg on btm @ 5000 w/2250x Class C + 4% gel + 15# salt/x + 5# gilsonite/x + 1/4# FC/x + 300x Class C + 2% CaCl2 + 1/4# FC/x, PD @ 3:30 PM, cmt circ 275x, estm 7% hole washout, ND BOP & set 8-5/8 csg slips & NU BOP, WOC past 13-1/2 hrs.

08/21/84 WOC total 18 hrs & test 8-5/8 csg & BOP w/2000 psi/30 min/held ok, drlg form @ 11:15 AM 8/21/84.

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

SIGNED Paula A. Collins TITLE Authorized Agent DATE 08/27/84

APPROVED BY _____ TITLE _____ DATE AUG 30 1984

CONDITIONS OF APPROVAL, IF ANY: