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LAND OFFICE	
OPERATOR	

5A. Indicate Type of Lease  
STATE ☒ FEE ☐

5. State Oil & Gas Lease No.  
B-1520-1

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work b. Type of Well OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		DRILL <input checked="" type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input type="checkbox"/>		7. Unit Agreement Name North Vacuum Abo Unit	
2. Name of Operator MOBIL PRODUCING TX. & N.M. INC.		SINGLE ZONE <input checked="" type="checkbox"/> MULTIPLE ZONE <input type="checkbox"/>		8. Farm or Lease Name	
3. Address of Operator Nine Greenway Plaza, Suite 2700 Houston, TX 77046		9. Well No. 259		10. Field and Pool, or Wildcat North Vacuum Abo	
4. Location of Well UNIT LETTER <u>A</u> LOCATED <u>660</u> FEET FROM THE <u>North</u> LINE AND <u>580</u> FEET FROM THE <u>East</u> LINE OF SEC. <u>14</u> TWP. <u>17S</u> RGE. <u>34E</u> NMPM		11. Proposed Depth 9100'		12. County Lea	
1. Elevations (show whether D.F., R.I., etc.) 4028 GL		21A. Kind & Status Plug. Bond on file		20. Rotary or C.T. Rotary	
		21B. Drilling Contractor Unknown		22. Approx. Date Work will start As soon as possible	

PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
17-1/2"	13-3/8"	48.0# H-40	0-400'	circulate	surface
12-1/4"	8-5/8"	28.0# S-80	0-5000'	circulate	surface
7-7/8"	5-1/2" - Liner	15.5# K-55 17.0# N-80	4800-7300' 7300-TD	circulate	4800'

Blowout Preventor Program

Casing String	Equipment Size & API Series	No. & Type	Test Pressure PSI
Surface	13-5/8" x 3000#	1 MG & 1 PR	3000
		1 MG 2 PR & Rotary Head	5000

APPROVAL VALID FOR 180 DAYS  
PERMIT EXPIRES 2/3/85  
UNLESS DRILLING UNDERWAY

IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM: IF PROPOSAL IS TO DEEPEN OR PLUG BACK, GIVE DATA ON PRESENT PRODUCTIVE ZONE AND PROPOSED NEW PRODUCTIVE ZONE. GIVE BLOWOUT PREVENTER PROGRAM, IF ANY.

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

Signed A. D. Bond Title Regulatory Technician Supervisor Date July 26, 1984

(This space for State Use)

ORIGINAL ON FILE

APPROVED BY DATE TITLE DATE

CONDITIONS OF APPROVAL, IF ANY:

AUG - 1984

All distances must be from the outer boundaries of the Section.

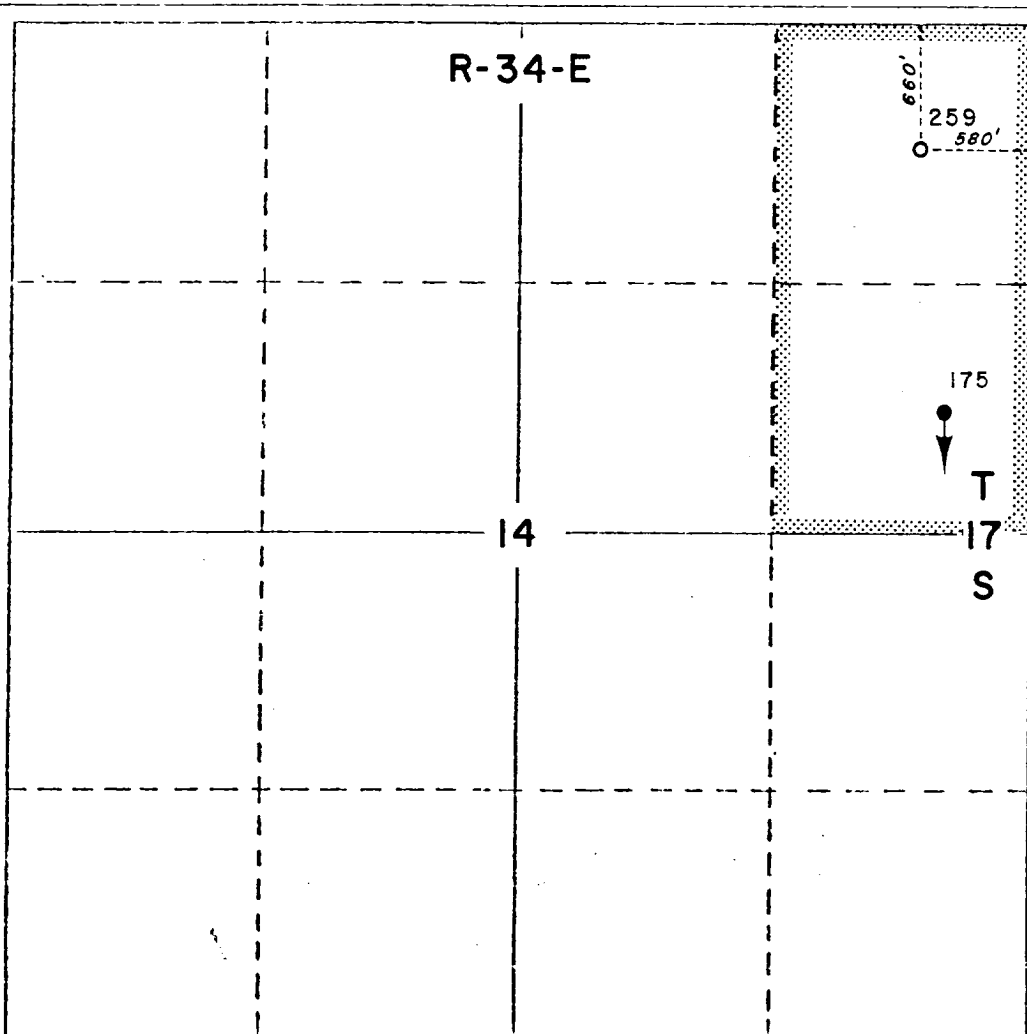
Operator <b>MOBIL PRODUCING TX. &amp; N.M. INC.</b>		Lease <b>North Vacuum Abo Unit</b>		Well No. <b>259</b>
Unit Letter <b>A</b>	Section <b>14</b>	Township <b>17S</b>	Range <b>34E</b>	County <b>Lea</b>
Actual Footage Location of Well: <b>660</b> feet from the <b>North</b> line and <b>580</b> feet from the <b>East</b> line				
Ground Level Elev. <b>4028</b>	Producing Formation <b>Abo</b>	Pool <b>Vacuum, North Abo</b>	Dedicated Acreage: (2 wells) <b>80</b> Acres	

1. Outline the acreage dedicated to the subject well by colored pencil or hatchure marks on the plat below.
2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
3. If more than one lease of different ownership is dedicated to the well, have the interests of all owners been consolidated by communitization, unitization, force-pooling, etc?

☒ Yes ☐ No If answer is "yes," type of consolidation Unitized

If answer is "no," list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.)

No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interests, has been approved by the Division.



CERTIFICATION

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

*A. D. Bond*  
Name  
**A. D. Bond**  
Position **Regulatory Technician Supervisor**  
Company **MOBIL PRODUCING TX.&N.M. INC.**  
Date **July 26, 1984**

I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision and that the same is true and correct to the best of my knowledge and belief.

*H. A. Carson, Jr.*  
Date Surveyed **7-13-84**

Registered Professional Engineer and/or Land Surveyor

**H. A. Carson, Jr.**  
Certificate No.

**5063**

