

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-75

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DISTRIBUTION	
SANTA FE	
FILE	
U.S.O.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 ☒ GAS WELL ☐ OTHER ☐	7. Unit Agreement Name N. Vacuum Abo Unit
2. Name of Operator Mobil Producing TX & NM Inc.	8. Farm or Lease Name
3. Address of Operator 9 Greenway Plaza - Suite 2700 - Houston, TX 77046	9. Well No. 282
4. Location of Well UNIT LETTER <u>0</u> <u>2000</u> FEET FROM THE <u>East</u> LINE AND <u>550</u> FEET FROM THE <u>South</u> LINE, SECTION <u>14</u> TOWNSHIP <u>17S</u> RANGE <u>34E</u> NMPM.	10. Field and Pool, or Whocal North Vacuum Abo
15. Elevation (Show whether DF, RT, CR, etc.)	12. County Lea

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐

TEMPORARILY ABANDON ☐

PULL OR ALTER CASING ☐

OTHER ☐

PLUG AND ABANDON ☐

CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐

COMMENCE DRILLING OPS. ☐

CASING TEST AND CEMENT JOB ☒

OTHER ☐

ALTERING CASING ☐

PLUG AND ABANDONMENT ☐

7. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1703.

6-24/30-85 Drlg.

7-1-85 TD 7-7/8" hole, logging.

7-2-85 RIH w/36 jts 17# & 82 jts 15.5# 5-1/2 K55 ST&C w/14 centl, TOL 4187, cmt on btm @ 8800 w/1235sx Class H, WOC.

7-3-85 WOC 18 hrs. Test csg & liner w/1000# psi - 30 min - ok. Released Moranco Drlg Co. Rig #9.

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

SIGNED Nancy Lewis TITLE Authorized Agent DATE 7-10-85

ORIGINAL FILED BY REGISTRATION

REMOVED BY DISPATCH DIVISION TITLE DATE JUL 16 1985

CONDITIONS OF APPROVAL, IF ANY: