

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 <input checked="" type="checkbox"/>	Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.	
E-1449-6	

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. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER		7. Unit Agreement Name
2. Name of Operator		8. Farm or Lease Name
Mobil Producing TX & NM Inc.		
3. Address of Operator		9. Well No.
9 Greenway Plaza, Suite 2700, Houston, TX 77046		299
4. Location of Well		10. Field and Pool, or Wildcat
UNIT LETTER <u>M</u> <u>600</u> FEET FROM THE <u>south</u> LINE AND <u>800</u> FEET FROM		North Vacuum Abo
THE <u>west</u> LINE, SECTION <u>10</u> TOWNSHIP <u>17S</u> RANGE <u>34E</u> NMPM.		
15. Elevation (Show whether DF, RT, GR, etc.)		12. County
GL - 4058		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"/>	

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.

4-27/5-3-86 Drlg

5-4-86 RD 12 1/4" hole

5-5-86 RIH w/127 jts 9-5/8" 53,5# N-80 LT & C csg. w/6 centl, cmt @ 5000 w/1795 x C Neat + 300 x c, circ 25x, 9% EHE, cap foam dn 13-3/8 & 9-5/8 csg w/100 x C, woc.

5-6-86 Woc 18 hrs, test csg 1000# -30 min -ok, drlg new form.

18. 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 5-13-86

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT 1 SUPERVISOR

APPROVED BY _____ TITLE _____ DATE MAY 19 1986

CONDITIONS OF APPROVAL, IF ANY: