

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. B-1520-1
7. Unit Agreement Name North Vacuum Abo Unit
8. Farm or Lease Name
9. Well No. 301
10. Field and Pool, or Wildcat North Vacuum Abo
12. County Lea

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"/>
2. Name of Operator Mobil Producing TX & NM Inc.
3. Address of Operator 9 Greenway Plaza, Suite 2700, Houston, TX 77046
4. Location of Well UNIT LETTER 0 790 FEET FROM THE South LINE AND 1980 FEET FROM East LINE, SECTION 3 TOWNSHIP 17S RANGE 34E NMPM.
15. Elevation (Show whether DF, RT, GR, etc.) GL - 4051

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 OPS. <input checked="" 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"/>

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.

5-21/29-86 Drlg.
5-30-86 TD 12 1/4" hole
5-31-86 RIH w/124 jts 9-5/8 53.5# N80 LT&C w/6 centl, cmt @ 5000 w/2400 sx C
Neat, not circ, cap foam btwn csg w/100 sx C, TOC @ 395, Cap @ 395-1295,
TOC (lead) @ 1735.
6-1-86 WOC 18 hrs, Tst 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 <u>Nancy Lewis</u>	TITLE <u>Authorized Agent</u>	DATE <u>6-6-86</u>
ORIGINAL SIGNED BY JERK LANTON DISTRICT I SUPERVISOR	TITLE _____	DATE <u>JUN 10 1986</u>
APPROVED BY _____	TITLE _____	DATE _____
CONDITIONS OF APPROVAL, IF ANY:		