

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

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| 5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/> |
| 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. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- | 7. Unit Agreement Name North 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. 303 |
| 4. Location of Well UNIT LETTER <u>K</u> <u>2036</u> FEET FROM THE <u>South</u> LINE AND <u>2016</u> FEET FROM THE <u>West</u> LINE, SECTION <u>2</u> TOWNSHIP <u>17-S</u> RANGE <u>34-E</u> N.M.P.M. | 10. Field and Pool, or Wildcat North Vacuum Abo |
| 15. Elevation (Show whether DF, RT, GR, etc.) GL - 4052 | 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 <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.

6-10/17-86 Drlg

6-18-86 TD 12 $\frac{1}{4}$ " hole, RIH w/125 jts 53.5# N80 LT&C w/6 centl, cmt @ 5000', w/2400 sx C, cap foam btwn csg w/100 sx C, circ 100 sx, WOC.

6-19-86 WOC 18 hrs, Tst 1000#-30 min-OK, Tag cmt @ 4953, 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 6-25-86

ORIGINAL SIGNED BY JERRY SEXTON
APPROVED BY DISTRICT 1 SUPERVISOR TITLE _____ DATE JUN 25 1986

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED
JUN 27 1986
O.C.C.
HOBBS OFFICE