

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO.

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

BRIDGES STATE

8. Well No.

68

9. Pool name or Wildcat

VACUUM GRAYBURG, SAN ANDRES

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. Type of Well:

OIL
WELL ☒

GAS
WELL ☐

OTHER

2. Name of Operator

Mobil Producing TX & NM Inc.*

3. Address of Operator *Mobil Exploration & Producing U.S. Inc., as Agent for Mobil
Producing TX & NM Inc.; P.O. Box 633, Midland, TX 79702

4. Well Location

Unit Letter P : 660 Feet From The EAST Line and 660 Feet From The SOUTH Line

Section 15

Township 17S

Range 34E

NMPM LEA

County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

KB: (EST) 4055'

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐

PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☒

CHANGE PLANS ☐

PULL OR ALTER CASING ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐

ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐

PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: ☐

12. 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.

1. MIRU WORKOVER UNIT. POOH W/PUMP AND RODS.
2. NU BOP, TEST.
3. POOH W/PROD TBG & TAC.
4. RIH W/CIBP (ON TBG OR WIRELINE) AND SET WITHIN 100' OF TOP PERFORATION.
5. SET 35' CMT PLUG ON TOP OF CIBP.
6. CIRCULATE WELLBORE W/FRESH WATER & PKR FLUID.
7. TA WELL.

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

SIGNATURE

Shirley Todd

TITLE

Proration Analyst

DATE 12-28-89

TYPE OR PRINT NAME SHIRLEY TODD

TELEPHONE NO. 688-2585

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

JAN 05 1990

RECEIVED

JAN 04 1990

OCD
MOBBS OFFICE