

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.	30-025-02066
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.	B-1519
7. Lease Name or Unit Agreement Name	State J
8. Well No.	1
9. Pool name or Wildcat	Vacuum; Grayburg-San Andres
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	

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.)

Type of Well: OIL WELL ☐ GAS WELL ☐ OTHER ☒ Injector

Name of Operator
Mobil Producing TX & NM, Inc.

Address of Operator
P.O. Box 4358 Houston, TX -4358

Well Location
Unit Letter I : 1980 Feet From The South Line and 660 Feet From The East Line

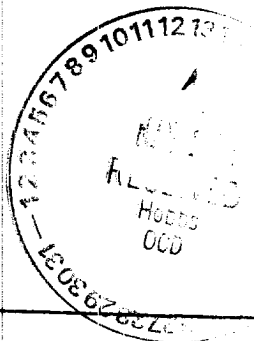
Section 22 Township 175 Range 34E NMPM Lea County

Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data			
NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
REPAIR 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 checked="" type="checkbox"/>
REPAIR OR ALTER CASING <input type="checkbox"/>		CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: <input type="checkbox"/>	

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.

(see attached)

Approved as to plugging of the Well Bore.
Liability under bond is retained until
surface restoration is completed.



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

SIGNATURE Cathy Higginbotham TITLE Staff Admin. Asst. DATE 5-10-02

TYPE OR PRINT NAME Cathy Higginbotham TELEPHONE NO. 713-431-1828

THIS SPACE FOR STATE USE GARY W. WINK

PROVED BY GARY W. WINK DATE JAN 21 2003

OC FIELD REPRESENTATIVE II/STAFF MANAGER

ADDITIONS OF APPROVAL, IF ANY:

GWW

***** FRW SUCCESSFUL *****