Submit 3 Copies to Appropriate District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

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 [X] FEE [ ]

6. State Oil & Gas Lease No. B-1519

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.)

7. Lease Name or Unit Agreement Name: State J

1. Type of Well: OIL WELL [ ] GAS WELL [ ] OTHER injector

2. Name of Operator: Mobil Producing Tx. & N.M. Inc

8. Well No. 1

3. Address of Operator: P.O. Box 4358 Houston Tx 77210-4358

9. Pool name or Wildcat: Vacuum; Grayburg-San Andres

4. Well Location

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

Section 22 Township 17S Range 34E NMPM Lea County

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

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

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK	[ ]	PLUG AND ABANDON	[ ]	REMEDIAL WORK	[ ]	ALTERING CASING	[ ]
TEMPORARILY ABANDON	[ ]	CHANGE PLANS	[ ]	COMMENCE DRILLING OPNS.	[ ]	PLUG AND ABANDONMENT	[ ]
PULL OR ALTER CASING	[ ]			CASING TEST AND CEMENT JOB	[ ]		
OTHER:	[ ]			OTHER: Temporarily Abandon	[X]		

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.

11/21/00 Ran in hole with Kill String

11/22/00 Ran in hole set @ CIBP @ 4100' (unable to get below 4100') Dump Bail 35' of Cement on top of plug. pressure test casing to 500 PSI OK. Start in hole with tubing open ended.

11/24/00 Ran MIT

	Tubing	Casing	Surface casing
Initial	0	580	0
15 min.	0	580	0
30 min.	0	580	0

OCD Approval of Temporary Abandonment Expires 1/18/06

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

SIGNATURE Mary L Dow TITLE Sr. Staff Office Assit. DATE

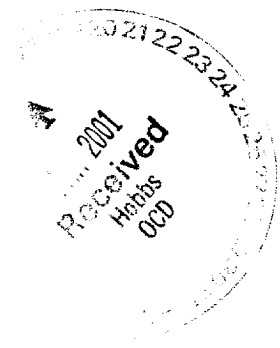
TYPE OR PRINT NAME Mary L. Dow TELEPHONE NO (713) 431-1797

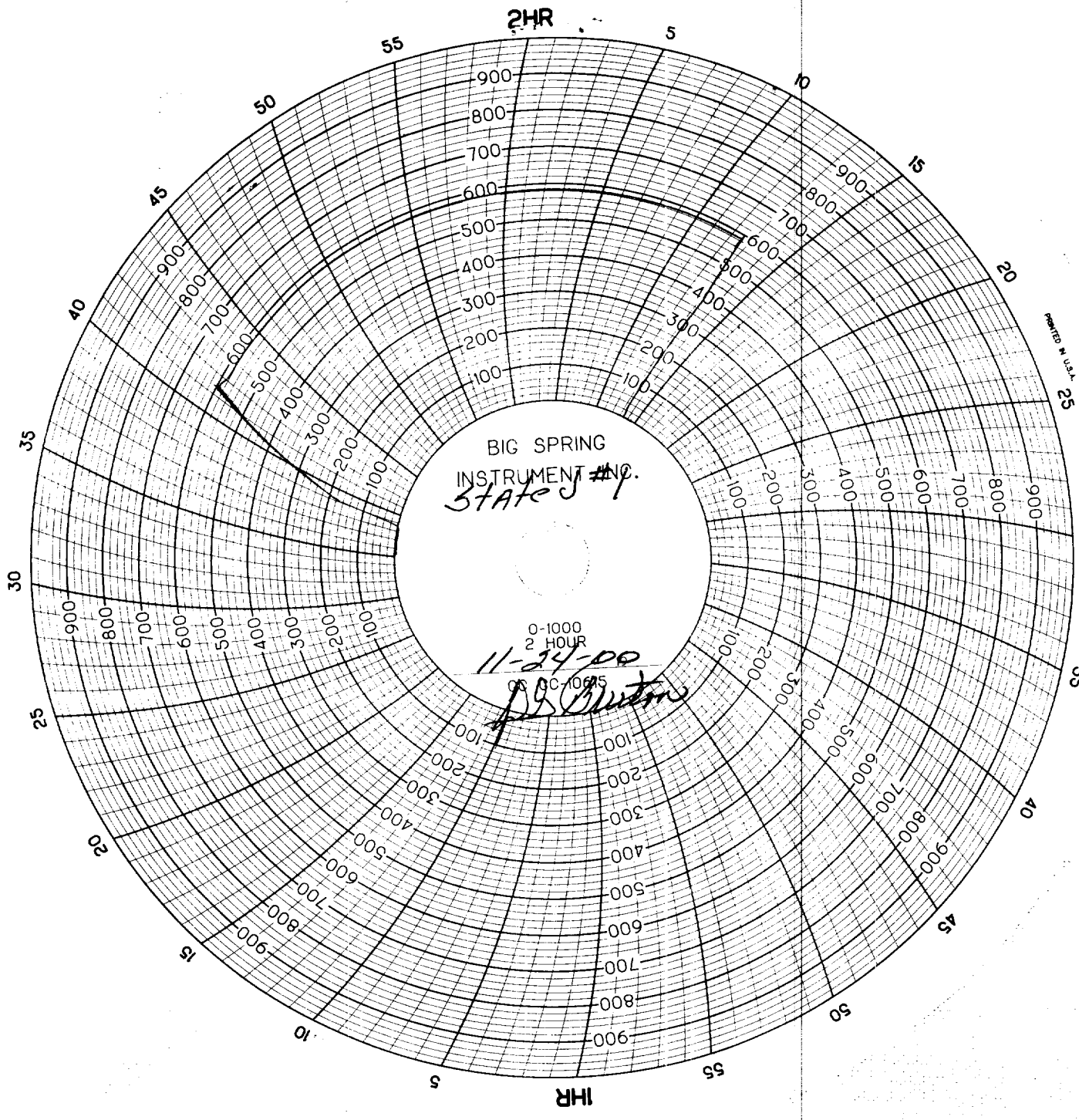
(This space for State Use)

APPROVED BY TITLE DATE JAN 18

CONDITIONS OF APPROVAL, IF ANY:

ICSN


2001
Received
Hobbs
OCD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