

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
I g y, 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.
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.)

1. Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <u>Injection</u>	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 <u>I</u> : 1980 Feet From The <u>SOUTH</u> Line and <u>660</u> Feet From The <u>EAST</u> Line Section <u>22</u> Township <u>17-S</u> Range <u>34-E</u> 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 <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input checked="" 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"/>		CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: <input type="checkbox"/>	

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.

1-10-90 PULLED TBG & PACKER. REPAIRED AND TESTED CSG TO 300#
FOR 30 MIN/HELD OK. PKR. SET @3938.
STARTED INJECTION @ 1-10-90. T.P. 1000# CSG 0#

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

SIGNATURE Kaye Bellock TITLE Proration Analyst DATE 1-15-90

TYPE OR PRINT NAME SHIRLEY TODD TELEPHONE NO. 688-3686

(This space for State Use)

ORIGINAL SIGNED BY SHIRLEY TODD DISTRICT I DATE 1-15-90

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

JAN 18 1990