

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

Form C-103
Revised 10-1-78

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DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. B-1520

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. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator Mobil Producing TX & NM Inc.	8. Farm or Lease Name Bridges-State
3. Address of Operator 9 Greenway Plaza - Suite 2700 - Houston, TX 77046	9. Well No. 10
4. Location of Well UNIT LETTER F 1980 FEET FROM THE N LINE AND 1980 FEET FROM W 23 TOWNSHIP 17S RANGE 34E NMPM.	10. Field and Pool, or Wildcat Vacuum G-SA
15. Elevation (Show whether DF, RT, GR, etc.)	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"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>
OTHER Temporary Abandon <input checked="" type="checkbox"/>	OTHER <input type="checkbox"/>
PLUG AND ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
CHANGE PLANS <input type="checkbox"/>	PLUG AND ABANDONMENT <input 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.

Well was shut-in 3-10-86; uneconomical to produce.

Request authority to retain well in a temporary abandonment status for one year.

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 3-21-86

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

CONDITIONS OF APPROVAL, IF ANY: