Submit 3 Copies to Appropriate District Office	Energy, M. Lals and Natural Resources Department				Form C-103
DISTRICT I 1625 N. French Dr., Hobbs, NM 88240 OIL CONSERVATION DIVISION DISTRICT II 811 South First, Artesia NM 88210 P.O. Box 2088				WELL API NO. 30-025-02081	Revised March 25, 1999
DISTRICT III Santa Fe, New Mexico 87504-2088				5. Indicate Type of Lease	
DISTRICT IV 2040 South Pacheco, Sante Fe, NM 87505				6. State Oil & Gas Lease No. 8015	
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 Bridges State	
1. Type of Well: Oil Well	Gas Well Other				
2. Name of Operator Mobil Producing TX & NM, Inc.				8. Well No. 43	
3. Address of Operator P. O. Box 4358 Houston TX 77210-4358				9. Pool name or Wildcat Vacuum; Grayburg-San Andres	
4. Well Location	80			-l	
			Line and 660	Feet From Th	e east Line
Section 23	Township 17S		Range 34E DR, RKB, RT, GR, etc.)	NMPH	Lea County
	4033 GR	w whether	DR, RRD, RI, GR, elc.)		
NOTICE OF IN PERFORM REMEDIAL WORK TEMPORARILY ABANDON PULL OR ALTER CASING OTHER: backflow test 12. Describe proposed or completed operative work) SEE RULE 1103. (For Multiple Proposed procedure for backflow HOOK-UP: Close tubing and injection Bleed ALL pressure from Install pressure gauge, bi Connect valve to choke to DAILY OPERATION: 7:00 AM to Open well valve with Cho- Open choke slowly until Flow well to tank for the Note tubing pressure and	PLUG AND ABANDON CHANGE PLANS MULTIPLE COMPLETION tions. (Clearly state all pertinent le Completions: Attach wellbore ving: on line valves n piping leeder valve and choke o piping to tank to 2:00 PM oke closed and NOTE tu pressure is stable at half seven daylight hours	t details, and diagram of bbing pro	REMEDIAL WORK COMMENCE DRILLIN CASING TEST AND C OTHER: d give pertinent dates, inclus f proposed completion or red	EMENT JOB	ALTERING CASING
Repeat process for 7 days			Fank Battery as neede	e d	
IGNATURE D. O. Howard TITLE			. Regulatory Specialis	st	DATE_11/05/2001
YPE OR PRINT NAME Dolores O. Howa	rd			TELEPHO	NE NO. (713) 431-1792
This space for State Use)			ORICITAL LIC	YO BY	
PPROVED BY		_ TITLE	MANION CARANA		DATE2001
ONDITIONS OF APPROVAL IF ANY:			NATURAL SOLENCE 1.	inividen - ?	