

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Encls 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-1520
7. Lease Name or Unit Agreement Name BRIDGES STATE
8. Well No. 18
9. Pool name or Wildcat VACUUM GRAYBURG/ SAN ANDRES

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	
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 F : 1980 Feet From The NORTH Line and 1980 Feet From The WEST Line Section 24 Township 17-S Range 34-E 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"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: TEMPORARILY ABANDON <input checked="" 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.

12-7-89 MIRU PERMIAN WELL SERVICE. POH W/RODS & PUMP  
12-8-89 POH W/TBG. RIH W/7" CIBP @ 4310 & SPOT 6 SX CMT (35'). TESTED 7" CSG 300#/15 MIN/OK.  
12-9-89 POH W/149 JTS 2 7/8 TBG. RD & REL PERMIAN WELL SERVICE.  
WELL TEMPORARILY ABANDONED.

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

SIGNATURE Shirley Todd TITLE Proration Analyst DATE 12-28-89  
TYPE OR PRINT NAME SHIRLEY TODD TELEPHONE NO. 688-2585

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I SUPERVISOR

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

JAN 05 1990

RECEIVED

JAN 04 1999

OCD  
HUMAN RESOURCES OFFICE