## State of New Mexico Energy. nerals and Natural Resources Department

Revised 1-1-89

Displace College		
DISTRICT I P.O. Box 1980, Hobbs, NM \$2240  DISTRICT II P.O. Drawer DD, Artesia, NM \$8210  DISTRICT II P.O. Drawer DD, Artesia, NM \$8210		WELL API NO.
		NA NA
		5. Indicate Type of Lesse STATE X FEE
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410		STATE A FEE 6. State ON & 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"		
		7. Lease Name or Unit Agreement Name
(FORM C-101) FOR SUCH PROPOSAL  1. Type of Well:	S.)	Bridges State
	1 + -	
2. Name of Operator	Injection	
Mobil Producing Tx. & N.M. Inc.		8. Well No.
3. Address of Operator c/o Mobil Exploration & Pro	ducing U.S. Inc.	9. Pool same or Wildcat
P. O. Box 633, Midland, Texas 79702		Vacuum Grayburg San Andres
Unit Letter C: 660 Feet From The North	1980	) West
	Line and	Feet From The West Line
Section 26 Township 17S	Range 34E	NMPM Lea County
10. Elevation (Show	whether DF, RKB, RT, GR, etc.)	
	ionta Noture of Notice D	
11. Check Appropriate Box to Ind. NOTICE OF INTENTION TO:		
۲	SOB	SEQUENT 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		
OTHER:	CASING TEST AND CE	
	OTHER:	
<ol> <li>Describe Proposed or Completed Operations (Clearly state all pertinent dework) SEE RULE 1103.</li> </ol>	etails, and give pertinent dates, inclu	ting estimated date of starting any proposed
,		
Pull Tubing and packer. RIH w/7" RIH w/tubing & circulate packer.	Bridge Plug. Set @ 4	028. Cap w/35' cmt.
kin w/tubing & circulate packer.	WELL TA'D 12/4/91.	
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I hereby certify that the information above is true and complete to the best of my knowle	, =	
SIONATURE AND	Environmental	and Regulatory 12/13/91
Type of Print Name Judy Dixon		(915) 2/52
TYPE OF PRINT NAME JURY DIXON		TELEPHONE NO. 688- 2452
(This space for State Use)		
		Program in the state of the sta
APTROVED BY	_ mue	DATE
CONDITIONS OF APPROVAL, IF ANY:	w. ) . American 1	Parameter and the second secon
	This Approval of	
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