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## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised March 25, 1999

|   |   |               |                                       |  | Revised March 25, 1999   |
|---|---|---------------|---------------------------------------|--|--|
| 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.<br>30-025-02124                       |  |
|   |   |               |                                       |  |  |
| 1000 Rio Brazos Rd., Aztec, NM 87410<br>DISTRICT IV   |   |               |                                       | 6. State Oil &                                     |  |
| 2040 South Pacheco, Sante Fe, NM 87505  |   |               |                                       | 8015   | Gas Lease No.  |
| SUNDRY NO   | TICES AND REPORTS                       | S ON WI       | ELLS                                  | 7777777  |  |
| (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 Gas Gas injection  |   |               |                                       |  |  |
| Oil Well Other injection  |   |               |                                       | 8. Well No.  |  |
| 2. Name of Operator  Mobil Producing TX & NM, Inc.  |   |               |                                       | 30   |  |
| 3. Address of Operator P. O. Box 4358   |   |               |                                       | 9. Pool name or Wildcat                            |  |
| Houston TX 77210-4358   |   |               |                                       | Vacuum; Grayburg-San Andres                        |  |
| 4. Well Location  |   |               |                                       |  |  |
| Unit Letter : 1980  | Feet From The north                     |               | Line and 1980                         | Feet From  | The east Line  |
| Section 26  | Township 17S                            |               | Range 34E                             | NMPH   | Lea County   |
| V/////////////////////////////////////  | //// 10. Elevation (Sho                 | w whether     | DR, RKB, RT, GR, etc.)                |  | Y/////////////////////////////////////   |
|   | //// 4019 GL                            |               | · <u>.</u>                            |  | <u> </u>   |
| 11 Chools A   | ppropriate Box to In                    | diente l      | Noture of Notice D                    | enort or O   | than Data  |
| NOTICE OF IN  | * * *                                   | idicate i     |                                       |  |  |
|   |   | <del>1</del>  |                                       | EQUENT R   | EPORT OF:  |
| PERFORM REMEDIAL WORK ☐   | PLUG AND ABANDON                        | 1 🗀           | REMEDIAL WORK                         | Ĺ  | $\Box$ ALTERING CASING $\Box$  |
| TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLI  |   |               | ig opns. 🏻 🛚                          | ☐ PLUG & ABANDONMENT ☐                             |  |
| PULL OR ALTER CASING  | MULTIPLE                                |               | CASING TEST AND C                     | EMENT IOR [  |  |
| FOLE OR ALTER CABING =  | COMPLETION                              |               |                                       |  |  |
| OTHER: backflow test  |   | $\boxtimes$   | OTHER:                                |  |  |
| 12. Describe proposed or completed operation work) SEE RULE 1103. (For Multiple   | ons. (Clearly state all pertinen        | t details, ar | nd give pertinent dates, inclu        | ding estimated dat                                 | e of starting any proposed   |
|   |   | e diagram d   | or proposed completion or rec         | completion)  |  |
| Proposed procedure for backflowi HOOK-UP:   | ug.                                     |               |                                       |  |  |
| Close tubing and injection  | line valves                             |               | •                                     |  | was the con-   |
| Bleed ALL pressure from   |   | k.            |                                       |  | The Base of the Control of the Contr |
| Install pressure gauge, bleeder valve and choke   |   |               |                                       |  |  |
| Connect valve to choke to piping to tank  |   |               |                                       |  |  |
| DAILY OPERATION:  |   |               |                                       |  |  |
| Open well valve with Choke closed and NOTE tubing pressure and note tank level  |   |               |                                       |  |  |
| Open choke slowly until pressure is stable at half of initial tubing pressure  Flow well to tank for the seven daylight hours                                   |   |               |                                       |  |  |
| Note tubing pressure and  |   | na in wal     | II at night                           |  |  |
| Repeat process for 7 days.  |   |               |                                       | ed.  |  |
| Repeat process for 7 days.  | mun inquius to Driug                    | cs State      | Tunk Duttery as need                  | cu.  |  |
|   |   |               |                                       |  |  |
| I hereby certify that the information above is true and comple  | te to the best of my knowledge and beli | ief.          | · · · · · · · · · · · · · · · · · · · |  |  |
| SIGNATURE D.O. Howard   | )                                       | TITLE Sr      | . Regulatory Specialis                | st   | DATE 11/02/2001  |
| Delener O. Howard   |   |               | TELEPHONE NO. (713) 431-1792          |  |  |
| TYPE OR PRINT NAME DOIOTES U. HOWAI   |   |               |                                       | TELE   | PHONE NO. (120) 301-11/2   |
| (This space for State Use)  | MAL STRNED BY                           |               |                                       | . 4  | AND A COOK   |
| APPROVED BY   | ARV W WINK                              | TITLE         | MIMK M                                | NG V U   | PATE   |
| CONDITIONS OF APPROVAL IF ANY: NATIOAL  | SCIENCE MANAGER -                       | 2             | r Siched By                           | ORIGINA  | - DATE   |
| NATURA  |   |               | L                                     |  |  |