Subinit 3 Copies to Appropriate

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

District Office		Keamon 1-1-92
YII HOY IUMI HONNE NIM XX7/III	RVATION DIVISION	WELL API NO.
P.O. Box 2088  DISTRICT II P.O. Drawer DD, Artesia, NM 88210  DISTRICT III		30-025-02126
		5. Indicate Type of Lease  STATE X FEE
1000 Rio Brazos Rd., Aztec, NM 87410		6. State Oil & Gas Lease No. B-1520
SUNDRY NOTICES AND REPORT	S 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
Type of Well:	DSALS.)	BRIDGES STATE
ORL X GAS WELL OTHE	R	
Name of Operator  Mobil Producing Tx. & N.M. Inc.*		8. Well No.
B. Address of Operator *Mobil Exploration & Producing U.S. Inc., as Agent for		9. Pool name or Wildcat
Mobil Producing TX. & N.M. Inc., P. O. Box 63		VACUUM BLINEBRY
Well Location		TACOOM BEINEBRY
Unit Letter A : 660 Feet From The NOR	TH Line and	660 Feet From The EAST Lin
Section 26 Township 17-S	Range 34-E Show whether DF, RKB, RT, GR, etc.)	NMPM LEA County
//////////////////////////////////////		
. Check Appropriate Box to	Indicate Nature of Notice, R	
NOTICE OF INTENTION TO:	SUE	SSEQUENT REPORT OF:
RFORM REMEDIAL WORK UPLUG AND ABANG	OON REMEDIAL WORK	ALTERING CASING
MPORARILY ABANDON CHANGE PLANS	COMMENCE DRILLING	G OPNS. DPLUG AND ABANDONMENT
ILL OR ALTER CASING	CASING TEST AND CI	EMENT JOB
THER:	OTHER:	
<ol> <li>Describe Proposed or Completed Operations (Clearly state all pertinent) SEE RULE 1103.</li> </ol>	nent details, and give pertinent dates, inclu	ding estimated date of starting any proposed
8-02-93 SPOT 35 SX FROM 4280 TO 3921; TAC 8-03-93 SPOT 35 SX FROM 2950 TO 2739 8-03-93 PERF W/4 JSPF; SQZ W/50 SX; TAGC 8-04-93 SPOT 60 SX FROM 925 TO 769; TAGGE 8-04-93 SPOT 15 SX FROM 30 TO SURFACE	GED @ 1620	
UT OFF 3 FT BELOW SURFACE. ERECT P & A MALEAN LOCATION AND MOVE OFF.	ARKER. BACKFILL CELLAR & E	EMERGENCY PIT.
neroby certify that the information above is true and complete to the best of my	knowledge and baller	
ONATURE TYPE HOLLOCK	REGULATORY TEC	CHNICIAN DATE 08-24-93
YPE OR PRINT NAME KAYE POLLOCK		(915) TELEPHONE NO. 688-2584
his space for State Use)		
Jana III I led	OII & GAS IN	PAR APR 0 6 19
PROVED BY WY WY CONTROL OF THE PROVED BY	mu	DATE APR UU IS