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State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 District Office Revised 1-1-89 DISTRICT I OIL CONSERVATION DIVISION P.O. Box 1980, Hobbs NM 88240 WELL API NO. P.O. Box 2088 DISTRICT II 30-025-02128 Santa Fe, New Mexico 87504-2088 P.O. Drawer DD, Artesia, NM 88210 5. Indicate Type of Lease DISTRICT III STATE X FEE [1000 Rio Brazos Rd., Aztec, NM 87410 6. State Oil & Gas Lease No. 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 PROPOSALS.) **BRIDGES STATE** 1. Type of Well: OIL WELL X GAS WELL OTHER 2. Name of Operator 8. Well No. MOBIL PRODUCING TX & NM INC.* *MOBIL EXPLORATION & PRODUCING Address of Operator AS AGENT FOR MPTM, BOX 633, MIDLAND, TX 79702 9. Pool name or Wildcat VACUUM BLINEBRY 4. Well Location Unit Letter P Feet From The NORTH Line and 660 Feet From The EAST Line Section 26 Township 17-S Range 34-E NMPM LEA 10. Elevation (Show whether DF, RKB, RT, GR, etc.) County 4003 11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data **NOTICE OF INTENTION TO:** SUBSEQUENT 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 CASING TEST AND CEMENT JOB OTHER: . OTHER: 12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed 11-10-94 MIRU; ND TBG. NU BOP. 11-11-94 POH W/TBG. SET CIBP @ 6248. 11-14-94 SPOT 20 SX ON TOP OF CIBP TO 6126.

SPOT 50 SX @ 4450-4145 ACROSS CSG SHOE & SAN ANDRES.

SPOT 25 SX @ 2705-2582 ACROSS SALT BASE

SPOT 25 SX @ 1760-1637 ACROSS SALT TOP

SPOT 25 SX @ 408-285 ACROSS CSG SHOE SPOT 15 SX @ 30 TO SURFACE. 11-15-94 REMOVED CONCRETE CELLAR & CSG 12-08-94 CUT OFF CSG 4 FT BELOW SURFACE & WELD CAP. BACKFILL CELLAR & CLEAN LOCATION. INSTALL P & A MARKER I hereby certify that the information above is true and complete to the best of my knowledge and belief.

TITLE ENV. & REG. TECHNICIAN ___ DATE 12-15-94 TYPE OR PRINT NAME KAYE POLLOCK-LYON TELEPHONE NO. 915-688-2584 (This space for State Use) FFB 0 9 1995

OCD HOBE OFFICE