

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, 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. 30-025-02128
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name BRIDGES STATE
8. Well No. 95
9. Pool name or Wildcat VACUUM BLINEBRY
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 4003

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.* *MOBIL EXPLORATION & PRODUCING
3. Address of Operator AS AGENT FOR MPTM , BOX 633, MIDLAND, TX 79702	4. Well Location Unit Letter P : 806 Feet From The NORTH Line and 660 Feet From The EAST Line Section 26 Township 17-S Range 34-E NMPM LEA County
11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: **PLUGBACK TO BLINEBRY** ☒

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.

08-26-94 MIRU XPERT WS. ND WELLHEAD, NU BOP. CAN'T PULL BAKER PACKER.
08-27-94 RUN CIBP @ 8250, CAP W/20 FT CMT. RUN IN SCRAPER TO 6700. POH. RUN CIBP @ 6640, NEW
PBTD. TEST CSG TO 600# FOR 15 MIN, HELD OK
08-29-94 PERF 6477-6524
08-30-94 SPOT 20 GAL 15% HCL ACID & CIRC 8 BBL FW. ACDZ 6350-6524 W/3150 GAL 15% HCL ACID +
120 RCNBS
08-31-94 TO 09-07-94 SWAB WELL
09-08-94 SWAB; REL PKR, RET RBP; ND BOP & NU WELLHEAD; RDMO & RETURN TO PRODUCTION
09-09-94 WELL SI PENDING ENGINEERING EVALUATION

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

SIGNATURE Kaye Pollock-Lyon TITLE **ENV. & REG. TECHNICIAN** DATE **09-29-94**

TYPE OR PRINT NAME **KAYE POLLOCK-LYON**

TELEPHONE NO. **915-688-2584**

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE **OCT 04 1994**

CONDITIONS OF APPROVAL, IF ANY: