## State of New Mexico

to Appropriate District Office	Energy;nerals and Natural Resources Department OIL CONSERVATION DIVISION P.O. Box 2088		Revised 1-1-89
<u>DISTRICT 1</u> P.O. Box 1980, Hobbs, NM <b>88240</b>			WELL API NO.
DISTRICT II	Santa Fe, New Mexico	=	
P.O. Drawer DD, Artesia, NM 88210  DISTRICT III			5. Indicate Type of Lease 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 RESEI (FORM C	RVOIR. USE "APPLICATION FOR PEI -101) FOR SUCH PROPOSALS.)	RMIT"	7. Lease Name or Unit Agreement Name
1. Type of Well: OH. GAS WELL X WELL	OTHER		Bridges State
2. Name of Operator			8. Well No.
Mobil Producing Texas  Address of Operator & Mobil Exp	& New Mexico	C The	9. Pool same or Wildcat
P.O. Box 633 Midla		.s. inc.	Vacuum Grayburg/San Andres
4 Wall I costion			
Unit Letter P : 660	Feet From The	Line and	FEL Line
Section 27	Township 17S Ra	nge 34-E	NMPM Lea County
	10. Elevation (Show whether	DF, RKB, RT, GR, etc.)	
1. Check	Appropriate Box to Indicate N	Nature of Notice, R	eport, or Other Data
NOTICE OF INT			SEQUENT REPORT OF:
ERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
EMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	
ULL OR ALTER CASING			
THER:		CASING TEST AND CE	:MENT JOB []
		OTHER:	
<ol><li>Describe Proposed or Completed Opera work) SEE RULE 1103.</li></ol>	ions (Clearly state all pertinent details, an	d give pertinent dates, inclu	ding estimated date of starting any proposed
1. MIRU WO Unit. NU	3OP test. Cap CIBP @ 4	150' cmt. Circ	c well w/10 ppg gelled brine.
2. (Go to step 6 if	plan to pull 7" csg.)		will with the property of the control of the contro
	s in 7" csg @ 1650-52;		
	g w/325 sx Class C cmt		P & A marker. Well P & A'd
	-ug. cue cog 5	riace, werd on	r & A marker. Well P & A d
hereby certify that the information above is true	and complete to the best of my knowledge and t	odicf.	AND THE RESERVE OF THE PARTY OF
BONATURE Styley 2000	πn.	E	DATE 8-9-89
TYTE OR PRENT NAME Shirley Too	id		TELEPHONE NO(915) 688-
(This space for State Use) ORIGINAL SIG	HED BY JERRY SEXTON		
DISTRIC COO SEC SALESSED TO SEC.	T I SUPERVISOR		AUG 1 4 19

CONDITIONS OF APPROVAL, IF ANY:

- TILE -THE COMMISSION MUST BE NOTIFIED 24 HOURS PRIOR TO THE BEGINNING OF FLUGGING OPERATIONS FOR THE C-103 TO BE APPROVED: