STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

| DISTRIBUTION | | | |
|--------------|---|---|--|
| SANTA FE | | | |
| FILE | | | |
| U.S.G.S. | | | |
| LAND OFFICE | | | |
| CERRATOR | T | i | |

OIL CONSERVATION DIVISION

Form C-103

| DISTRIBUTION | P. O. BOX 2088 | | Revised 10-1-78 |
|--|--|-------------------------------------|--|
| SANTA PE | SANTA FE, NEW ME | XICO 87501 | |
| V.S.G.S. | | | State X Fee |
| LAND OFFICE | | | |
| OPERATOR | · | | 5. State Oil & Gas Lease No. |
| | | | B-2863 |
| SUNDR | Y NOTICES AND REPORTS ON WEL | LS | |
| USE "APPLICAT | POSALS TO DRILL OR TO DEEPEN OF PLUG BACK TO IDE FOR PERMIT -** (FORM C-101) FOR SUCH PRO- | OSALS.) | 7, Unit Agreement Name |
| 1. •16 [7] •40 [7] | | | 7. Onk Adiesment Name |
| **** (C) | OTHER- | | 8. Farm or Lease Name |
| 2. Name of Operator | NM Tee | | State "0" |
| Mobil Producing TX & | NM Inc. | | 9. Well No. |
| 3. Address of Operator | te 2700, Houston, TX 77046 | | 2 |
| | te 2700, 110d3ton, 17 77040 | | 10. Field and Pool, or Wildcan |
| 4, Location of Well | 1700 South | 000 | • |
| WHIT LETTER | 1700 PERT FROM THE South | NE AND990 FEET FROM | Vacuum Glorieta |
| | | • | |
| THE West LINE, SECTION | on <u>33</u> township17S | RANGE 35F HMPM. | |
| mmmmmm | 15. Elevation (Show whether DF, R | T CR atc.1 | 12. County |
| | 15. Elevation (Show whether DP, h | 1, GR, etc.) | 1 |
| | | | l Lea |
| Check | Appropriate Box To Indicate Natur | e of Notice, Report or Ot | her Data |
| NOTICE OF IN | ITENTION TO: | SUBSEQUENT | T REPORT OF: |
| · | | | |
| PERFORM REMEDIAL WORK | PLUE AND ABANDON REM | EDIAL WORK | ALTERING CASING |
| TEMPORARILY ABANDON | COM | MENCE DRILLING OPHS. | PLUS AND ABANDONMENT |
| PULL OR ALTER CASING | CHANGE PLANS CAS | ING TEST AND CEMENT JOS | |
| | | THER | |
| # B 3 H 7 P | U | | |
| N. Desert - Desert of Completed Or | perations (Clearly state all pertinent details, o | and rive persinent dates, including | estimated date of starting any proposed |
| work) SEE RULE 1103. | retailore (citchin) state and personal designation | | |
| • | • | | |
| | | | |
| This well was shut | in 4-27-86; uneconomical to | produce. | |
| | | | |
| Request authority t | o retain well as temporarily | / abandoned . | |
| | | | |
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| | The state of the last of the state of the st | | 24p 5/23/87 |
| | | - | The same of the sa |
| | | | |
| | | | |
| 18. I hereby cerify that the information | above is true and complete to the best of my | knowledge and belief. | |
| 11 | | | |
| ///amcu | XIIII TITLE AU | thorized Agent | DATE 5-19-86 |
| -16-ED | 11161 | | |
| Eddie W. S | eav | | NA PARA |
| | <u>-</u> | _ | _ •••• <u>MAY 2 3 1986</u> |
| APPROVED OF ADDRESS INS | • | | |
| CONDITIONS OF APPROVAL, IF ANY | • | | |