Submit 3 Copies to Appropriate District Office

APPROVED BY\_\_\_

CONDITIONS OF APPROVAL IF ANY:

State of New Mexico

District Office	Energy, N	Amerais and Nati	irai Keso	ources Department			Form C-103
DISTRICT I 1625 N. Fre.ch Dr., Hobbs, NM 88240 DISTRICT II 811 South First, Artesia NM 88210		VATION DIVISION  D. Box 2088		WELL API N 30-025-229	NO.	arch 25, 1999	
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410	FIII Santa Fe. New Mexico 87504-2088					ype of Lease	
DISTRICT IV 2040 South Pacheco, Sante Fe, NM 87505					6 9 6 9 6		FEE 🗆
					8055	k 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"  (FORM C-101) FOR SUCH PROPOSALS)						7//////////////////////////////////////	7/////
						ne or Unit Agreement Name	<u>//////</u>
						North Vacuum Abo Unit	
1. Type of Well:	Gas 🗖				1		
Well 🗀	Gas Well	Other I	NJECT	ION WELL			
2. Name of Operator  Mobil Producing TX. & N.M. Inc.							
3. Address of Operator P.O. Box 43				9. Pool name	or Wildest		
Houston		TX 77210-4358			Vacuum; Abo, North		
4. Well Location Unit Letter H : 53	5 Fee	et From The EAST		Line and 2005	Feet From	m The NORTH	Line
Section 23		wnship 17S			NMPH	Lea	County
		10. Elevation (Show 4032	whether I	DR, RKB, RT, GR, etc.)		V///////	7/////
	'/////	l	<u> </u>			<i>\\\\\\\</i>	<u> </u>
11.Check	Appropri	ate Box to Inc	licate I	Nature of Notice, R			
<del></del>					QUENT F	REPORT OF:	
PERFORM REMEDIAL WORK	J PLUG A	AND ABANDON		REMEDIAL WORK			NG 🗆
TEMPORARILY ABANDON $\Box$	] CHANC	GE PLANS		COMMENCE DRILLIN	G OPNS.	☐ PLUG & ABANDO	ONMENT 🗆
PULL OR ALTER CASING	MULTII COMPL			CASING TEST AND C	EMENT JOB		
OTHER:				OTHER: CLEAN OU			
12. Describe proposed or completed oper work) SEE RULE 1103. (For Multip	ations. (Clear)	ly state all pertinent of	details, an	d give pertinent dates, includ	ling estimated da	ate of starting any proposed	
O3/20/2001 RUG UP, CHECK IPUH 5' SION O3/21/2001 POOH W/280' JTS & O3/22/2001 POOH W/KILL STE STDS, UNABLE TO TEST REN RIH W/TBG BULL PLUGGED, O3/23/2001 INSPECT RIG & CH ASSEMBLY, LATCH ONTO PI O3/26/2001 INSPECT RIG & CH ASSEMBLY, CIRCULATE WE CSG TO 500 PSI FOR 30 MIN.,	& SEAL A RING, RU AAINING , PRESS T HECK H2S KR. SION HECK H2S LL W/PKI OK. RDM	ITOR. BLEED SSEMBLY, FA TBG TESTERS TBG (SCALE I TEST TGB TO 1 S MONITOR. P S MONITOR. R R FLUID, LATMO	PRESSILED TO SECTION TO THE PRESSILE TO THE PUMPER SECTION OF THE PRESSILE	URE OFF, NU & TESTO FIND HOLE, RIH RT IN HOLE W/SEAT OF TGB) RD TGB T I, OK SION W/TGB REMOVE BU	ST BOP, RE W/KILL ST L ASSEMBI ESTERS. PO LL PLUG, I	LEASE SEAL ASSE  TRING. SION LY & TBG, HYDRO- OOH W/SEAL ASSE PU & RIH W/SEAL	TEST 44 EMBLY,
1 hereby certify that the information above is true and complete the control of t		of my knowledge and belief.	C	nion Staff Office Act	40.04		
SIGNATURE WILL DOWN	-paul	·	TITLE Sei	nior Staff Office Assis	tant	DATE 10/05/20	)01
TYPE OR PRINT NAME MARY L. Dow					TELE	PHONE NO. (713) 431-17	97
(This space for State Use)			1.7	2 7 7 7			



