Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Department

	Form (C-103
Revised 1	March 25	1000

DISTRICT I

CONDITIONS OF APPROVAL IF ANY:

____ DATE___

1625 N. French Dr., Hobbs, NM 88240 DISTRICT II 811 South First, Artesia NM 88210 DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 DISTRICT IV 2040 South Pacheco, Sante Fe, NM 87505 OLL CONSERVATION DIVISION P.O. Box 2088 Santa Fe, New Mexico 87504-2088			WELL API NO. 30-025-22942			
			5. Indicate Type of Le	STATE 🛛 FI	EE 🗆	
2040 South Facheco, Same Pe, NW 87505				6. State Oil & Gas Le 8055	ase No.	<u> </u>
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) 1. Type of Well:				North Vacuum Ab		
Oil Well Gas Well Other injection well						
Name of Operator Mobil Producing	ng TX. & N.M. Inc.			8. Well No. 128		
3. Address of Operator P.O. Box 4358	_			9. Pool name or Wildo		
4. Well Location	T	X 7721	0-4358	Vacuum; Abo, Nor		
Unit Letter H : 535	Feet From The east		Line and 2005	Feet From The north	Line	
Section 23	Township 17S		Range 34E	NMPH	Lea	County
	10. Elevation (Short 4032	w whether	DR, RKB, RT, GR, etc.)			
PERFORM REMEDIAL WORK TEMPORARILY ABANDON	opropriate Box to Inc ENTION TO: PLUG AND ABANDON CHANGE PLANS		lature of Notice, Re SUBS REMEDIAL WORK COMMENCE DRILLIN	EQUENT REPOF	nta RT OF: TERING CASING UG & ABANDON	
PULL OR ALTER CASING	MULTIPLE COMPLETION		CASING TEST AND C	EMENT JOB		
OTHER:			OTHER:			
 Describe proposed or completed openwork) SEE RULE 1103. (For Multi 1. Bleed off any pressure that m Close injection valves and bleed. ND wellhead and NU BOP. If the second of the second o	ay be present. ed any pressure that me atch out of Baker Moderatch out of Baker Moderatch out to Baker Moderatch leak interval, injector with leak interval, inj	ay be pr lel "AN" RBP @ 8 ole to loc tion rate pment. Model	esent permanent packer @ 3415'. PUH with test packer lower and upper leand pressure. Houston	e 8425'. POH and te packer to 8384'. Tes eak interval. on will design a proc	est injection tub t casing. cedure to squee	ing.
I hereby certify that the information above is true and complete	()	TITLE Sr.	Regulatory Specialist		DATE 02/12/2001	 -
TYPE OR PRINT NAME Dolores O. Howard					(713) 431-1792	
(This space for State Use)				TELEPHONE NO.	(713) 431-1/92	
APPROVED BY		TITLE	* 4	3 - K	DATE	1

