Submit 3 Copies

State of New Mexico

Form C-103

to Appropriate District Office	Energy, Minerals and Natura	al Resources Department		Revised 1-	1-89
DISTRICT I P.O. Box 1980, Hobbs NM 88241-1980	OIL CONSERVATION DIVISION 2040 Facheco St. Santa Fe, NM 87505		WELL API NO	•	
DISTRICT II P.O. Drawer DD, Artesia, NM 88210			30-025-23462 5. Indicate Type of Lease		
DISTRICT III				STATE X	FEE 🗌
1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil & Gas Lease No.		
SUNDRY NOTI	ICES AND REPORTS ON W	ELLS	B-1520-1		
(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. Lease Name or Unit Agreement Name NORTH VACUUM ABO UNIT		
1. Type of Well:			I NOKTH VACUL	JM ABO UNIT	
OIL GAS WELL	OTHER INJE	CTOR/HORIZONTAL			
2. Name of Operator MOBIL PRODUC	TING TX & NM INC.*		8. Well No.		
*MOBIL EXPLO	RATION & PRODUCING US INC	C. AS AGENT FOR MPTM		136	
· -	Midland, TX 79702		9. Pool name of	r Wildcat	
4. Well Location			NORTH VACUL	JM_ABO	
Unit Letter D : 660	Feet From The NORTH	Line and 86	9 Feet Fr	om The WEST	Line
Section 26	Township 17-S	Range 34-E ether DF, RKB, RT, GR, etc.	NMPM	LEA	County
	10. Elevation (Show whe	4034'	.)		
11. Check App	propriate Box to Indicat		Report, or	Other Data	
NOTICE OF IN	TENTION TO:			T REPORT OF:	•
PERFORM REMEDIAL WORK	-			· ··=· • · · · · ·	•
_	PLUG AND ABANDON	REMEDIAL WORK	닏	ALTERING CASING	
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	OPNS. X	PLUG AND ABANDON!	MENT 🔲
PULL OR ALTER CASING		CASING TEST AND CEN	MENT JOB		
OTHER:	П	OTHER:			
12. Describe Proposed or Completed Operawork) SEE RULE 1103. BHL: NO C, SEC. 26, T-17-217' FNL & 1618' FWL, LEA	S, R-34-E	icians, and give pertinent date	s, including estin	nated date of starting any	proposed
INJECTION COMMENCED ON 12	-17-97, TBG# @ 3225, BWI	PD @ 173.			
ATTACHED CHART					
I hereby certify that the information above is true	and complete to the best of my knowled	ge and belief.			
SIGNATURE TO THE SIGNATURE	ley for 11	TLE ENV & REG TECHNIC	CIAN	DATE3-23-9	98
TYPE OR PRINT NAME SHIRLEY HOUCHIN	IS U			TELEPHONE NO. 915 688	3-2585
(This space for State Use)ORIGINAL SIG					
APPROVED BY FIELD REF	5, %	ri e		APR 28 19	198
CONDITIONS OF APPROVAL, IF ANY:	TII	TLE		DATE	/

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