

**DISTRICT I**  
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, Santa Fe, NM 87505

## OIL CONSERVATION DIVISION

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

WELL API NO.  
**30-025-23526**

5. Indicate Type of Lease

STATE ☒ FEE ☐

6. State Oil & Gas Lease No.  
**8055**

**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)

1. Type of Well:  
Oil ☒  
Well ☐

Gas ☐  
Well ☐ Other

2. Name of Operator

**Mobil Producing TX. & N.M. Inc.**

3. Address of Operator **P.O. Box 4358**  
**Houston**

**TX 77210-4358**

8. Well No.  
**118**

9. Pool name or Wildcat  
**Vacuum;Abo, North**

4. Well Location

Unit Letter **F** : **1980** Feet From The **NORTH** Line and **1980** Feet From The **WEST** Line  
Section **26** Township **17S** Range **34E** NMPH **Lea** County

10. Elevation (Show whether DR, RKB, RT, GR, etc.)  
**4030 GROUND**

### 11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

#### NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐  
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐  
PULL OR ALTER CASING ☐ MULTIPLE COMPLETION ☐

OTHER: ☐

#### SUBSEQUENT REPORT OF:

REMEDIAL WORK ☒ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ PLUG & ABANDONMENT ☐  
CASING TEST AND CEMENT JOB ☐

OTHER: ☐

12. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103. (For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion)

#### REPAIR CASING, ACIDIZE & RTI

**03/29/2001 RU PETRO-PLEX, TREAT WELL W/1890 GALS OF 15% HCL THROUGH INJECTION TBG, MAX PRESS 4340, AVERAGE TREATING PRESS, 4150 PSI @ 1.6 BPM, ISIP 3000, 15 MIN SIP 2876, RD PETRO-PLEX, WAIT 1 HR & PUT WELL BACK ON INJECTION.**

**04/05/2001 24 HR INJ RATE-238 BWPD @ 3800 PSI**

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Mary L. Dow TITLE **Senior Staff Office Assistant**

DATE **10/05/2001**

TYPE OR PRINT NAME **Mary L. Dow**

TELEPHONE NO. **(713) 431-1797**

(This space for State Use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_

CONDITIONS OF APPROVAL IF ANY:

PAUL F. KAUTZ  
PETROLEUM ENGINEER

OCT 11 2001  
DATE