

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. 30-025-23658	
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>	
6. State Oil & Gas Lease No. 8055	B-1520
7. Lease Name or Unit Agreement Name North Vacuum Abo Unit	
8. Well No. 151	
9. Pool name or Wildcat Vacuum;Abo, North	

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 <input type="checkbox"/> Gas Well <input type="checkbox"/> Other <input checked="" type="checkbox"/> FRESH WTR. INJECTION	
2. Name of Operator Exxon Mobil Corporation	
3. Address of Operator P.O. Box 4358 Houston TX 77210-4358	
4. Well Location Unit Letter F : 2130 Feet From The WEST Line and 1980 Feet From The NORTH Line Section 23 Township 17S Range 34E NMPH Lea County	
10. Elevation (Show whether DR, RKB, RT, GR, etc.)	

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
PLUG AND ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
CHANGE PLANS <input type="checkbox"/>	PLUG & ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>
MULTIPLE COMPLETION <input type="checkbox"/>	
OTHER: <input type="checkbox"/>	OTHER: TUBING STRING REPAIR <input type="checkbox"/>

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)

REPAIRED FAULTY TUBING STRING BY REPLACING ONE JOINT OF 2-3/8 TUBING AND TESTED PRODUCTION CASING TO 500 PSI FOR 30 MIN.

1/31/01 DATE OF MIT

1/31/01 TUBING	CASING	SURFACE CASING
INITIAL 1050	500	0
15 MIN. 1050	500	0
30 MIN. 1050	500	0

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

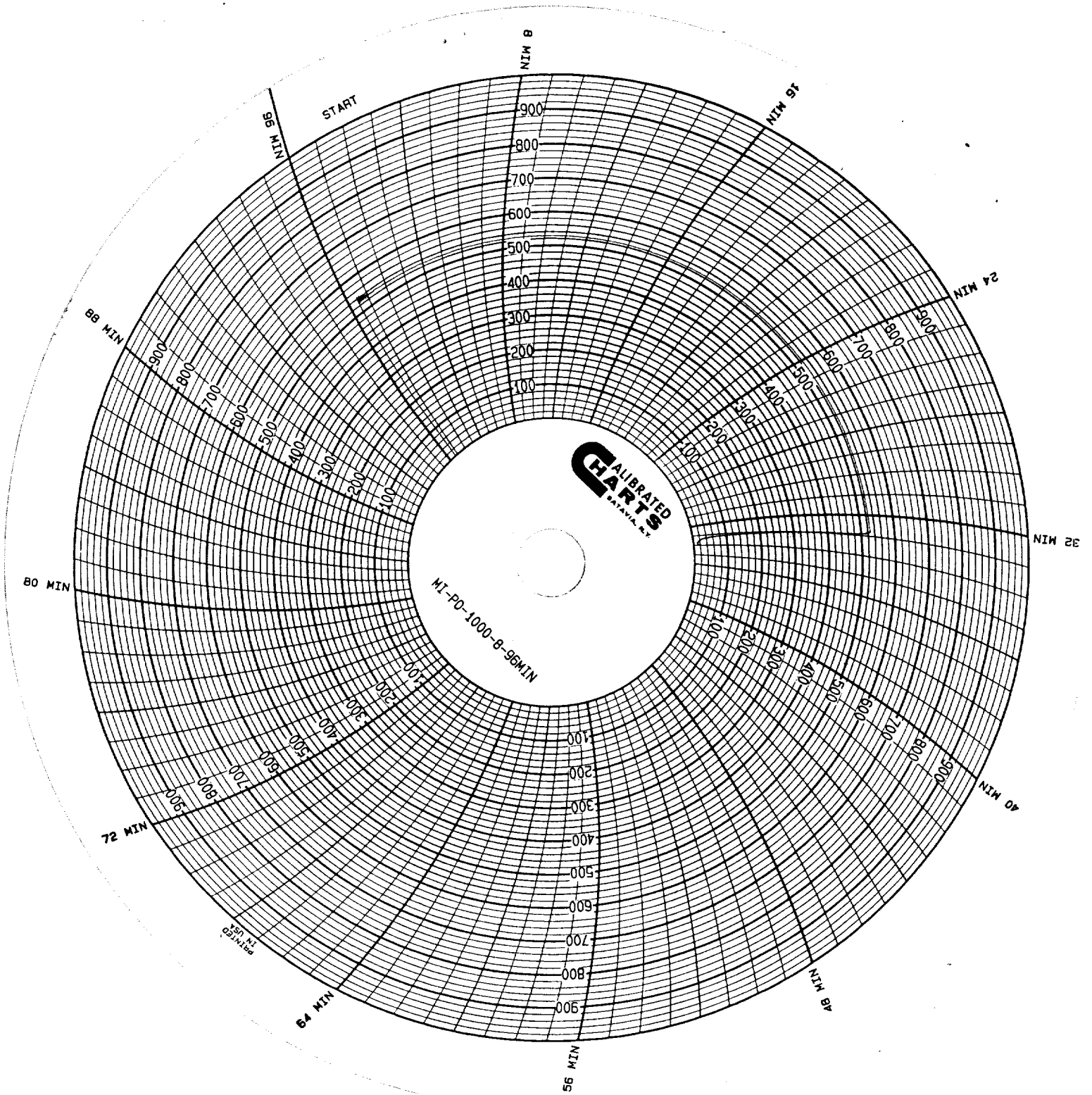
SIGNATURE <u>Mary L. Dow</u>	TITLE Senior Staff Office Assistant	DATE 03/16/2001
TYPE OR PRINT NAME Mary L. Dow	TELEPHONE NO. (713) 431-1797	

(This space for State Use)

APPROVED BY _____	TITLE _____	DATE _____
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CONDITIONS OF APPROVAL IF ANY:





FEB 06 2001

1-31-01
North vaccom Unit #161
Pete Jackson
#48
Mabury

