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APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

District Office **OIL CONSERVATION DIVISION** DISTRICT I P.O. Box 1980, Hobbs NM 88240 WELL API NO. P.O. Box 2088 30-025-23694 DISTRICT II Santa Fe, New Mexico 87504-2088 P.O. Drawer DD, Artesia, NM 88210 5. Indicate Type of Lease STATE X FEE 🗌 DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 6. State Oil & Gas Lease No. B-1520-1 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.) NORTH VACUUM ABO UNIT 1. Type of Well: GAS WELL WELL OTHER INJECTOR 2. Name of Operator 8. Well No. MOBIL PRODUCING TX & NM INC.\* \*MOBIL EXPLORATION & PRODUCING 153 3. Address of Operator
AS AGENT FOR MPTM, BOX 633, MIDLAND, TX 79702 9. Pool name or Wildcat VACUUM ABO, NORTH Well Location Unit Letter N *8*60 Feet From The SOUTH Line and 2130 Feet From The Line Section 26 Township 17-S ship 17-S Range 34-E N
10. Elevation (Show whether DF, RKB, RT, GR, etc.) NMPM LEA County 4007 GR Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data 11. NOTICE OF INTENTION TO-SUBSEQUENT REPORT OF: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING TEMPORARILY ABANDON **CHANGE PLANS** COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT PULL OR ALTER CASING CASING TEST AND CEMENT JOB OTHER: OTHER: . 12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed 4-23-1997 RIH W 2 3/8" TBG, SET PACKER @ 8326". I hereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE TITLE ENV. & REG. TECHNICIAN DATE 06-10-97 TYPE OR PRINT NAME SHIRLEY HOUCHINS TELEPHONE NO. 915-688-2585 (This space for State Use) ORIGINAL GLOPETY BY CHIPS AND LAMS DISTRICT I SUPLIFY INCHE

TITLE

Submit 3 Copies to Appropriate District Office

## State of New Mexico Energy, Minerals and Natural Resources Departmen

Form C-103 Revised 1-1-8

OCT 18 1994

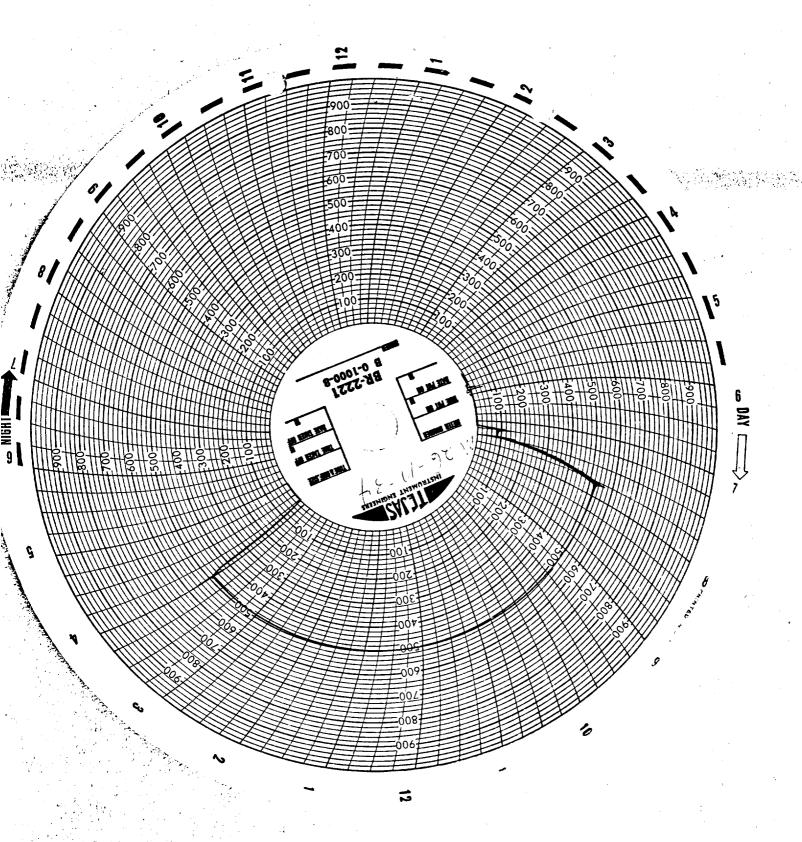
\_\_\_\_ DATE \_

| to Appropriate District Office                              | Energy, Minerals and Natural R   | Resources Department         |                        | Revised 1-1-89                   |
|---|--|------------------------------|------------------------|----------------------------------|
| DISTRICT I<br>P.O. Box 1980, Hobbs NM 88240                 | OIL CONSERVATIO  |                              | WELL API NO.           | 25-23694                         |
| DISTRICT II P.O. Drawer DD, Artesia, NM 88210               | Santa Fe, New Mexico   | 87504-2088                   | 5. Indicate Type of    | Lease                            |
| DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410           |  |                              | 6. State Oil & Gas I   | STATE X FEE                      |
| (DO NOT USE THIS FORM FOR PROP                              | CES AND REPORTS ON WELL<br>POSALS TO DRILL OR TO DEEPEN OF<br>EVOIR. USE "APPLICATION FOR PERI | R PLUG BACK TO A             | 7. Lassa Nama or I     | Jnit Agreement Name              |
| (FORM C   | C-101) FOR SUCH PROPOSALS.)  | MI I                         | 1                      | UM ABO UNIT                      |
| 1. Type of Well: OIL GAS WELL                               | other WI   | $=$ $U$ $^{\prime}$          |                        |                                  |
| 2. Name of Operator  MOBIL PRODUCING TX & NM I              | NC.* *MOBIL EXPLORATION & P  | RODUCING                     | 8. Well No.<br>153     |                                  |
| 3. Address of Operator AS AGENT FOR MPTM , BOX              | ( 633, MIDLAND, TX 79702   |                              | 9. Pool name or Wi     |                                  |
| 4. Well Location Unit Letter N : 610                        | Feet From The SOUTH  | Line and 2130                | Feet From              | The WEST Line                    |
| Section 26  | Township T-17-S Ra   | nge R-34-E                   | NMPM LEA               | County                           |
|   | 10. Elevation (Show whether GL 4007  | er DF, RKB, RT, GR, etc      | .)                     |                                  |
| 11. Check Ap  | propriate Box to Indicate l  | Nature of Notice,            | Report, or Ot          | her Data                         |
|   | NTENTION TO:   | 1                            |                        | REPORT OF:                       |
| PERFORM REMEDIAL WORK                                       | PLUG AND ABANDON   | REMEDIAL WORK                | X A                    | LTERING CASING                   |
| TEMPORARILY ABANDON   | CHANGE PLANS   | COMMENCE DRILLING            | OPNS. P                | LUG AND ABANDONMENT              |
| PULL OR ALTER CASING  |  | CASING TEST AND CE           | MENT JOB               |                                  |
| OTHER:  |  | OTHER:                       |                        |                                  |
| 12. Describe Proposed or Completed Ope work) SEE RULE 1103. | rations (Clearly state all pertinent deta  | tils, and give pertinent dat | es, including estimate | ed date of starting any proposed |
| 09-12-94 TIH W/NEW TBG.                                     | + 1% CHAMPION 4-2264: PUMP   | 2 & CIRC HOLE W/DE           | 'D EIN D MIVTHD        | E MODEL D                        |
| PRODUCTION.   | ENERD, FILEOU 1201 10 300m   | , OR. CHART TO NM            | JCD. KDMO. TUK         | NED 10                           |
|   |  |                              |                        |                                  |
|   |  |                              |                        |                                  |
|   |  |                              |                        |                                  |
|   |  |                              |                        |                                  |
|   |  |                              |                        |                                  |
| I hereby certify that the information above 18 r            | ue and complete to the best of my knowledge  | and belief.                  |                        |                                  |
| SIGNATURE TALK TOLK   | WER TUPN TOTAL   | ENV. & REG. TECH             | l                      | DATE 10-13-94                    |
| TYPE OR PRINT NAME KAYE POLLOCK                             | -LYON  |                              | TEI                    | EPHONE NO. 915-688-2584          |

CONDITIONS OF APPROVAL, IF ANY:

(This space for State Use)

APPROVED BY\_\_\_



## ENERGY AND MINERALS DEPARTMENT

| TO CONTRACT OF         | <br> |
|------------------------|------|
| HO. 87 COPIED ACCEIVED |      |
| DISTRIBUTION           |      |
| SANTA FE               |      |
| FILE                   |      |
| U.S.G.S.               |      |
| LAND OFFICE            |      |
| OPERATOR               |      |

## L CONSERVATION DIVISIO

| Form  | C-  | 103 |        |
|-------|-----|-----|--------|
| Revis | e d | 10- | 1 - 75 |

| DISTRIBU                                | TION                                  |                         | P. O. BO                    |                             |                            | Form C-103<br>Revised 10-1-              |
|---|---------------------------------------|-------------------------|-----------------------------|-----------------------------|----------------------------|--|
| SANTA FE                                |                                       | SA<br>                  | NTA FE, NEV                 | MEXICO 8750                 | 01                         |  |
| U.S.G.S.                                |                                       |                         |                             |                             |                            | 5a. Indicate Type of Lease               |
| LAND DEFICE                             |                                       |                         |                             |                             |                            | State X Fee                              |
| OPERATOR                                |                                       |                         |                             |                             | •                          | 5, State Oil & Gas Lease No.<br>B-1520-1 |
| (DO NOT USE                             | SUNDR                                 | Y NOTICES AN            | D REPORTS ON                | WELLS                       | ESERVOIR.                  |  |
| 1.                                      | USE "APPLICATI                        | ON FOR PERMIT -**       | FORM C-101) FOR SU          | CH PROPOSALS.)              |                            | 7. Unit Agreement Name                   |
| WELL 2. Name of Operator                | WELL                                  | OTHER- Wate             | er Injection                | Well                        |                            | North Vacuum Abo Unit                    |
| Mobil Pro                               | ducing TX. &                          | N.M. Inc.               |                             |                             |                            | 8. Form or Lease Name                    |
| 3. Address of Operation                 |                                       | C                       |                             | 77046                       |                            | 9. Well No.                              |
| 4. Location of Well                     | iway Piaza,                           | Suite 2700,             | Houston, Tex                | (as //U46 .                 | ····                       | 153                                      |
| UNIT LETTER                             | N 6                                   | 10 FEET FR              | South                       | LINE AND                    | ) FEET FROM                | Vacuum Abo, North                        |
| West                                    | · lut eccio                           |                         | 17S                         |                             | E                          |  |
|   |                                       |                         | TOWNSHIP                    | MANGE                       | NMPM.                      |  |
|   |                                       | 15. Elev                | ation (Show whether         | DF, RT, GR, etc.)           |                            | 12. County                               |
| 711111111111111111111111111111111111111 | Charle                                | Dancaria Pa             | - T - T - 1' - >            |                             |                            | Lea                                      |
| •                                       | NOTICE OF IN                          |                         | x to indicate i             | Nature of Notice            | , Report or Oth SUBSEQUENT |  |
| PERFORM REMEDIAL W                      | ORK                                   | · PL                    | O AND ABANDON               | REMEDIAL WORK               | · [5]                      | ٠.== [                                   |
| TEMPORARILY ABANDO                      | $\equiv$                              |                         |                             | COMMENCE DRILLING           | . APMS.                    | ALTERING CASING PLUG AND ABANDONMENT     |
| PULL OR ALTER CASIN                     | . 🗖                                   | CH                      | NGE PLANS                   | CASING TEST AND CE          | <b>~</b>                   | ACOR WED WANDOWNENT                      |
|   |                                       |                         |                             | OTHER                       |                            |  |
| OTKER                                   | · · · · · · · · · · · · · · · · · · · |                         | U                           |                             |                            | _  |
| 17. Describe Propose                    | ed or Completed Ope                   | erations (Clearly s     | ate all pertinent det       | l<br>ails, and give pertine | nt dates, including        | estimated date of starting any propos    |
| work) SEE RULE                          |                                       |                         |                             |                             |                            |  |
| 07/07/84                                | MIRU X-Pert                           | WS DD Ut, N             | D Wellhead,                 | NU BOP, rel p               | kr 0 8389, P               | OH w/tbg & pkr.                          |
| 07/09/84                                | KIH M\KRL &                           | pkr on tbg              | to 5140, set                | RBP @ 5140.                 | set pkr 0 51               | 09. HOWCO press                          |
|   | w/nkm +a 47                           | to 3000 ps1/            | neid ok, iso                | lated 5-1/2 c               | sg leak @ 47               | 24-4757, RIH                             |
|   | to 4600 HO                            | and phy quice           | otted 100 ga                | IS 15% DINE F               | e acid 4730-               | 4630, pulled pkr                         |
|   | 2x sd on RBI                          | P 0 5140 PC             | y reak, rer<br>H w/tha & nb | r, RIH w/cmt                | in w/pkr to                | 5100, HOWCO spot                         |
| 07/10/84                                | Set cmt ret                           | @ 4658, HOW             | CO sazd csa                 | leaks w/100x                | Class C cmt                | + 10 Halad 0                             |
| -                                       | + 100x Class                          | s C cmt + 2%            | CaCl2,walki                 | na saz. pulle               | d out of ret               | to 4650, rev out                         |
|   | 04x Cille, JOI                        | o combi @ Ir            | AM, POH W/                  | tba & cmt ret               | stinger.                   |  |
| 07/11/84                                | KIH W/ 4-3/4                          | 4 bit to 465            | 8, DO cmt re                | t & hard cmt                | to 4741 circ               | hole clean.                              |
| 0//12/84                                | cont drig ha                          | ard cmt.                |                             |                             |                            |  |
| 0.7/13/84                               | 1/ hr SICP (                          | 0, 8-5/8 <del>-</del> 5 | -1/2 annulu <u>s</u>        | had 250 psi,                | flowed 1/2                 | stream wtr, WIH                          |
|   | w/o-1/2 pkr                           | set @ 2890.             | press annul                 | us to 1000. Re              | vall? Pet Surv             | ran tracer while                         |
| 07/14-                                  | pumping rad                           | o active fl             | uid ind. flu                | id going out (              | @ 1706, noti <sup>.</sup>  | fied NMOCD.                              |
| 15/84                                   | full after (                          | 300x Class              | C cmt + 2%                  | CaCI2 down anı              | nulus, max pi              | ress 700, remain                         |
|   |                                       |                         | Q cca annulu                | c +c 1000 noi               | /20                        |  |
| • •                                     | RIH & catch                           | RBP @ 5140.             | POH w/tbg,                  | okr & DRD                   | /30 min/neia               | ok, unset pkr,                           |
|   | SEE REVERSE                           |                         | , on w, cbg,                | PKI & KDI.                  |                            |  |
| 18. I hereby certify th                 | at the information a                  | bove is true and co     | emplete to the best of      | f my knowledge and b        | elief.                     |  |
| $(D \land A)$                           | . 02 / 1                              | N - 1                   |                             |                             |                            |  |
| 116MEO YWLU                             | ou. Col                               | llene/                  | vitte Au                    | thorized Agent              | t                          | DATE07/27/84                             |
|   | inal signer de                        | o con la company        | •                           |                             |                            | 1111 0 2 400 4                           |
| PPROVED BY                              | DISTRICT I SUI                        |                         | *1*, *                      | •                           |                            | JUL 3 1 1984                             |

#17. Continued from front.

07/17/84 RIH w/ 273 jts 2-3/8 tbg & seal assy to 8388, displ annulus w/fr wtr mixed w/3 drums Unichem C-70 pkr fluid, stung into Model pkr @ 8389, press 5-1/2 csg annulus to 1000 psi, 30 min/held ok, turned well to Prod.

07/19/84 Press test csg annulus to 500 psi/30 min/held ok, witnessed by NMOCD,

Start Injection 7/19/84.

8700 TD, 8645 PBTD, Abo perfs 8456-8528.