

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

OIL CONSERVATION DIVISION

2040 Pacheco St.
Santa Fe, NM 87505

DISTRICT I
P.O. Box 1980, Hobbs NM 88241-1980

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

WELL API NO. 30-025-23696
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. B-1520-1
7. Lease Name or Unit Agreement Name NORTH VACUUM ABO UNIT
8. Well No. 156
9. Pool name or Wildcat NORTH VACUUM ABO

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 INJECTOR/SIDETRACK

2. Name of Operator **MOBIL PRODUCING TX & NM INC.***
***MOBIL EXPLORATION & PRODUCING US INC. AS AGENT FOR MPTM**

3. Address of Operator
P.O. Box 633 Midland, TX 79702

4. Well Location
Unit Letter **J** : **1893** Feet From The **SOUTH** Line and **1800** Feet From The **EAST** Line
Section **23** Township **17S** Range **34E** NMPM **LEA** County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
4025' GR

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"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input checked="" type="checkbox"/>
OTHER: <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: SIDETRACK/INJECTOR <input checked="" 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.

BHL: UT LTR I, SEC. 23, T17S, R34E
1231' FSL & 1095' FEL
1104

SEE ATTACHED

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

SIGNATURE Shirley Houchins TITLE ENV & REG TECHNICIAN DATE 03-13-98

TYPE OR PRINT NAME SHIRLEY HOUCHINS TELEPHONE NO. 915 688-2585

(This space for State Use)

APPROVED BY GARY WINK TITLE FIELD REP. # DATE MAR 20 1998

CONDITIONS OF APPROVAL, IF ANY:

JCS