

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised March 25, 1999

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, Sante Fe, NM 87505

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

WELL API NO.
30-025-23876

5. Indicate Type of Lease
STATE FEE

6. State Oil & Gas Lease No.
B-1520

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)



7. Lease Name or Unit Agreement Name
Bridges State

1. Type of Well:
Oil Well Gas Well Other **Injector**

2. Name of Operator
Mobil Producing TX. & N.M. Inc.

8. Well No.
167

3. Address of Operator **P.O. Box 4358**
Houston TX 77210-4358

9. Pool name or Wildcat
Vacuum; Grayburg-San Andres

4. Well Location
Unit Letter **O** : **1980** Feet From The **east** Line and **660** Feet From The **south** Line
Section **15** 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:

- PERFORM REMEDIAL WORK
- TEMPORARILY ABANDON
- PULL OR ALTER CASING
- OTHER:
- PLUG AND ABANDON
- CHANGE PLANS
- MULTIPLE COMPLETION

SUBSEQUENT REPORT OF:

- REMEDIAL WORK
- COMMENCE DRILLING OPNS.
- CASING TEST AND CEMENT JOB
- OTHER: **Mechanical Integrity Test**
- ALTERING CASING
- PLUG & ABANDONMENT

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)

8/15/02 Ran mechanical integrity test. Test was not witnessed.

Test pressure (psig): 570

	Production Tubing	Production Casing	Surface Casing
Initial	570	0	0
15 Min.	565	0	0
30 Min.	560	0	0

MIT chart attached. Well temporarily abandoned. CIBP @ 4950'.

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

SIGNATURE Tiffany Stebbins TITLE **Staff Office Assistant** DATE **08/23/2002**

TYPE OR PRINT NAME **Tiffany A. Stebbins** TELEPHONE NO. **(713) 431-1207**

(This space for State Use)

APPROVED BY _____ DATE _____

CONDITIONS OF APPROVAL IF ANY: _____

AUG 28 2002

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