Submit 3 Copies to Appropriate District Office	opriate Energy Munorals and Natural Resources Department				Form C-103 Revised March 25, 1999	
DISTRICT I 1625 N. French Dr., Hobbs, NM 88240 OIL CONSERVATION DIVISION				WELL API NO 30-025-2387		
DISTRICT II 811 South First, Artesia NM 88210 DISTRICT II Santa Fe, New Mexico 87504-2088				5. Indicate Typ	e of Lease	
1000 Rio Brazos Rd., Aztec, NM 87410 <u>DISTRICT IV</u> 2040 South Pacheco, Sante Fe, NM 87505				6. State Oil & 0 B-1520		
		OPTS ON WEL	18			
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	Oil					
2. Name of Operator				8. Well No.		
Mobil Producing TX & NM, Inc.				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	. 1980 Eest From The			East Energy	The south Line	
Unit Letter	· 1 ber 1 fem 1 me		Line and			
Section 15	Township 17S		ange 34E <u>R, RKB, RT, GR, etc</u>	NMPH	Lea County	
		on blow whenter D				
PERFORM REMEDIAL WORL TEMPORARILY ABANDON PULL OR ALTER CASING OTHER: backflow test 12. Describe proposed or completed work) SEE RULE 1103. (For M Proposed procedure for back HOOK-UP: Close tubing and inj Bleed ALL pressure Install pressure gaug Connect valve to cho DAILY OPERATION: 7:00 Open well valve with Open choke slowly u Flow well to tank for	CHANGE PLANS MULTIPLE COMPLETION	bertinent details, and wellbore diagram of hoke DTE tubing pre at half of initia burs shutting in well	REMEDIAL WOR COMMENCE DRJ CASING TEST AN OTHER: give pertinent dates, proposed completion ssure and note t I tubing pressur	ILLING OPNS.	ALTERING CASING	
I hereby certify that the information above is true a	and complete to the best of my knowled	ge and belief.		<u> </u>		
SIGNATURE D. O. Haward			Regulatory Sp	ecialist	DATE 11/05/2001	
TYPE OR PRINT NAME Dolores O. 1	Howard			TEL	EPHONE NO. (713) 431-1792	
(This space for State Use)				Non Col		
APPROVED BY		TITLE	eria Al Carlos Carlos	MARCER O	DATE	
CONDITIONS OF APPROVAL IF ANY:						
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