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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease	
State ☒	Fee ☐
5. State Oil & Gas Lease No. B-1519	

SUNDRY NOTICES AND REPORTS ON WELLS

DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO RE-DRILL OR TO PLUG BACK TO A DIFFERENT RESERVOIR.
USE APPLICATION FOR PERMIT TO DRILL (FORM C-101) FOR SUCH PROPOSALS.

1. ☐ OIL WELL ☐ GAS WELL ☐ OTHER- <u>Water Injection Well</u>		7. Unit Agreement Name <u>North Vacuum Abo Unit</u>
2. Name of Operator <u>Mobil Producing TX. & N.M. Inc.</u>		8. Form or Lease Name
3. Address of Operator <u>Nine Greenway Plaza, Suite 2700, Houston, Texas 77046</u>		9. Well No. <u>208</u>
4. Location of Well UNIT LETTER <u>H</u> <u>1980</u> FEET FROM THE <u>North</u> LINE AND <u>860</u> FEET FROM THE <u>East</u> LINE, SECTION <u>22</u> TOWNSHIP <u>17S</u> RANGE <u>34E</u> N.M.P.M.		10. Field and Pool, or Wildcat <u>Vacuum Abo, North</u>
15. Elevation (Show whether DF, RT, GR, etc.)		12. County <u>Lea</u>

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
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 ☐	OTHER ☐	CASING TEST AND CEMENT JOBS ☐	
OTHER ☐		Acidize	

17. 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.

TD 8800, Abo perms 8642-8704, casing record 12-3/4 @ 268, 8-5/8 @ 3065,
5-1/2 @ 8800.

9-13-83 Western Co. acidized perms with 5000 gals 15% HCl (DS-30), job complete
at 9:10 PM, returned to injection at rate of 100/BWPD, TP - 3500,
CP - 0, maximum treating pressure 5500#, minimum treating pressure
5000#, Maximum rate 1.4BPM, minimum rate 1.3 BPM.

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

SIGNED <u>Paula A. Collins</u>	TITLE <u>Authorized Agent</u>	DATE <u>10-17-83</u>
ORIGINAL SIGNED BY JERRY SEXTON DISTRICT SUPERVISOR		DATE <u>OCT 21 1983</u>
APPROVED BY _____	TITLE _____	DATE _____
CONDITIONS OF APPROVAL, IF ANY:		

RECEIVED

OCT 20 1960

O.C.D.
HOBBS OFFICE