

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

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

OIL CONSERVATION DIVISION

2040 Pacheco St.
Santa Fe, NM 87505

WELL API NO. 30-025-23982
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. 213W
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/HORIZONTAL

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 N : 460' Feet From The SOUTH Line and 1980' Feet From The WEST Line
Section 23 Township 17S Range 34E NMPM LEA County
10. Elevation (Show whether DF, RKB, RT, GR, etc.)
4028' GR

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☒ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: DRILLING HORIZONTAL SEGMENT ☒

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: UNIT LETTER B, SECTION 26, T-17-S, R34E
228' FNL AND 2780' FWL

INJECTION COMMENCED ON 1-5-98, TBG # @ 4000, BWIPD @ 280.

SEE ATTACHED CHART

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 3-23-98
TYPE OR PRINT NAME SHIRLEY HOUCHINS TELEPHONE NO. 915 688-2585

(This space for State Use)

ORIGINAL SIGNED BY CHRIS WILLIAMS
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE AUG 13 1998
CONDITIONS OF APPROVAL, IF ANY: _____

TC SN

