STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

5a. Indicate Type of Lease: State [X] Fee [ ]

5. State Oil & Gas Lease No.: B-1518

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.)

OIL WELL [X] GAS WELL [ ] OTHER-

7. Unit Agreement Name:

1. Name of Operator: Mobil Producing TX & NM Inc.

8. Farm or Lease Name: North Vacuum Abo East Unit

2. Address of Operator: 9 Greenway Plaza, Suite 2700, Houston, Tx 77046

9. Well No.: 1

4. Location of Well: UNIT LETTER J, 1980 FEET FROM THE South LINE AND 1980 FEET FROM THE East LINE, SECTION 7 TOWNSHIP 17S RANGE 35E NMPM.

10. Field and Pool, or Wildcat: North Vacuum Abo

15. Elevation (Show whether DF, RT, GR, etc.): GL -

12. County: Lea

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 [ ]		COMMENCE DRILLING OPNS. [ ]	PLUG AND ABANDONMENT [ ]
PULL OR ALTER CASING [ ]	CHANGE PLANS [ ]	CASING TEST AND CEMENT JOB [ ]	
OTHER [ ]		OTHER Convert to injection well [X]	
		TD = 8930, PBTD = 8853	

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.

12-17-85 MIRU X-Pert WS Unit.

12-18-85 Pull 62 jts 2-7/8 tbg + 162 jts 2-3/8 tbg.

12-19-85 Drill.

12-20-85 POH w/2-7/8 tbg.

12-21-85 SD for rig repair.

12-22-85 Perf Abo w/2 JSPF @ 8698-8877 OA (68 holes), set pkr @ 8593, acdz w/1000 gal 15% NEFE HCL mx w/50 gal Mutual sol, 4000 gal 15% NEFE HCL w/135 RCNBS, displ w/44 bbl 2% KCL.

12-23-85 POH w/tbg & pkr, RIH w/ "N" pkr, set @ 8618 on 273 jts 2-3/8" tbg.

12-24-85 PT 600# - 30 min - ok, NMOCD notified before tst. Rel X-Pert Unit, TURN WELL TO PRODUCTION.

(SEE REVERSE)

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

SIGNED Nancy Lewis TITLE Authorized Agent DATE 2-3-86

APPROVED BY ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR TITLE _____ DATE FEB 6 - 1986

CONDITIONS OF APPROVAL, IF ANY:

12-27-85	Begin injection.
1-23-86	Final injection rate: 204 BWPD, TP 0, CP 0