

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

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

WELL API NO. 30-025-24633
5. Indicate Type of Lease STATE ☒ FEE ☐
6. State Oil & Gas Lease No. 8-1520
7. Lease Name or Unit Agreement Name Bridges State
8. Well No. 181
9. Pool name or Wildcat Vacuum (G-SA)
10. Elevation (Show whether DF, RKB, RT, GR, etc.)

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 ☐	2. Name of Operator Mobil Producing TX & NM, Inc.	3. Address of Operator c/o Mobil Exploration & Producing U.S., Inc. P. O. Box 633, Midland, TX 79701
4. Well Location Unit Letter <u>J</u> : <u>1797</u> Feet From The <u>South</u> Line and <u>1650</u> Feet From The <u>East</u> Line Section <u>27</u> Township <u>17-S</u> Range <u>34-E</u> NMPM <u>Lea</u> County <u></u>	10. Elevation (Show whether DF, RKB, RT, GR, etc.)	

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK ☐	REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐	ALTERING CASING ☐
PULL OR ALTER CASING ☐	COMMENCE DRILLING OPNS. ☐
OTHER: ☐	PLUG AND ABANDONMENT ☒
	CASING TEST AND CEMENT JOB ☐
	OTHER: ☐

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.

9-20-89 MIRU Permian Well Serv., POH w/120 jts 2 3/8 tbgs. Top of 4409'
9-21-89 Drilled out iron sulfide - Fished
9-22-89 RIH w/CIBP @ 4408' w/10x cmt.
35 x Cl# cmt 1640-1450
25 x Cl# cmt. 408-280
10 x Cl# cmt. 60-0
Job approved by Jerry Sexton & Ray Smith w/NMOCD
Cut off well head & weld P & A marker.
R D & Rel. Permian Well Service.

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

SIGNATURE Shirley Todd TITLE Operator DATE 10-10-89
TYPE OR PRINT NAME Shirley Todd TELEPHONE NO. 915 688-2585

(This space for State Use)

APPROVED BY Lyle F. Turmanoff TITLE Assistant Director DATE JAN 11 1990
CONDITIONS OF APPROVAL, IF ANY:

R A N

E