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NEW MEXICO OIL CONSERVATION COMMISSION

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

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR TO WORK ON A DIFFERENT RESERVOIR.
USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
2. Name of Operator Mobil Oil Corporation	5. State Oil & Gas Lease No. B-1520
3. Address of Operator Box 633, Midland, Texas 79701	7. Unit Agreement Name
4. Location of Well UNIT LETTER I 2100 FEET FROM THE South THE East LINE, SECTION 24 TOWNSHIP 17-S RANGE 34-E NMPM.	8. Farm or Lease Name North Vacuum abo unit
15. Elevation (Show whether GR, RT, GR, etc.) 3996 GR.	9. Well No. 222
10. Field and Pool, or Wildcat North Vacuum-Abo	12. County Lea

Check Appropriate Box To Indicate
NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐
OTHER ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐

Subsequent Report of:

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

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.

NORTH VACUUM ABO UT #222

(6) 3072 corrected depth, WOC, 8-5/8 csg, finish LD DP & DC's, ran 75 jts 3072' 8-5/8 OD 32.0# 24.0# & 20.0# 8rd ST&C csg, Howco cmtd csg on bottom @ 3072 w/ 1400x TILW containing 7 1/2# salt/x + 200x Class C cmt w/ 2.6# salt/x, PD @ 5:15 pm 1/3/75, cmt did not circ, WOC 9 hrs, Worth Well ran temp survey, T/cmt @ 1280

(8) 3325 drlg lm, 7-7/8 hole, NND, Fr Wtr. ran 1' pipe down on outside of 8-5/8 csg to 320, Howco cmtd thru 1" pipe w/ 165x Class C cmt, cmt circ to surf, job compl @ 11 am 1/4/75, WOC 18 1/2 hrs, test csg & BOP 1000#/ok.

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

ED Christine O. Tucker

TITLE Authorized Agent

DATE 1-6-75

ED BY _____
TIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____