

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised March 25, 1999

DISTRICT I
1625 N. French Dr., Hobbs, NM 88240
DISTRICT II
311 South First, Artesia NM 88210
DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410
DISTRICT IV
2040 South Pacheco, Santa Fe, NM 87505

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

WELL API NO. 30-025-28429
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. 8015
7. Lease Name or Unit Agreement Name Bridges State
8. Well No. 188
9. Pool name or Wildcat Vacuum; Grayburg-San Andres
10. Elevation (Show whether DR, RKB, RT, GR, etc.) 4001' GR

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 <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Other <input type="checkbox"/>
2. Name of Operator Mobil Producing TX & NM, Inc.
3. Address of Operator P. O. Box 4358 Houston TX 77210-4358
4. Well Location Unit Letter F : 2340 Feet From The north Line and 2630 Feet From The west Line Section 25 Township 17S Range 34E NMPH Lea County
11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:
SUBSEQUENT REPORT OF:

- | | | | |
|---|--|---|---|
| PERFORM REMEDIAL WORK <input type="checkbox"/> | PLUG AND ABANDON <input type="checkbox"/> | REMEDIAL WORK <input type="checkbox"/> | ALTERING CASING <input type="checkbox"/> |
| TEMPORARILY ABANDON <input type="checkbox"/> | CHANGE PLANS <input type="checkbox"/> | COMMENCE DRILLING OPNS. <input type="checkbox"/> | PLUG & ABANDONMENT <input type="checkbox"/> |
| PULL OR ALTER CASING <input type="checkbox"/> | MULTIPLE COMPLETION <input type="checkbox"/> | CASING TEST AND CEMENT JOB <input type="checkbox"/> | |
| OTHER: backflow test <input checked="" type="checkbox"/> | | OTHER: <input type="checkbox"/> | |

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. (For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion)

Proposed procedure for backflowing:
HOOK-UP:

Close tubing and injection line valves
Bleed ALL pressure from piping
Install pressure gauge, bleeder valve and choke
Connect valve to choke to piping to tank

DAILY OPERATION: 7:00 AM to 2:00 PM

Open well valve with Choke closed and NOTE tubing pressure and note tank level
Open choke slowly until pressure is stable at half of initial tubing pressure
Flow well to tank for the seven daylight hours
Note tubing pressure and tank level when shutting in well at night
Repeat process for 7 days. Haul liquids to Bridges State Tank Battery as needed

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

SIGNATURE D.O. Howard TITLE Sr. Regulatory Specialist DATE 11/05/2001
TYPE OR PRINT NAME Dolores O. Howard TELEPHONE NO. (713) 431-1792

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL IF ANY:

5
C