

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

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DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.B.	
LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease	
State <input checked="" type="checkbox"/>	Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.	
B-1520	

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. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- Water Injection Well	7. Unit Agreement Name
2. Name of Operator Mobil Producing TX. & N.M. Inc.	8. Firm or Lease Name Bridges State
3. Address of Operator Nine Greenway Plaza, Suite 2700, Houston, Texas 77046	9. Well No. 188
4. Location of Well UNIT LETTER <u>F</u> <u>2340</u> FEET FROM THE <u>North</u> LINE AND <u>2630</u> FEET FROM THE <u>West</u> LINE, SECTION <u>25</u> TOWNSHIP <u>17S</u> RANGE <u>34E</u> NMPM.	10. Field and Pool, or Wildcat Vacuum <u>SA</u>
15. Elevation (Show whether DF, RT, GR, etc.) 4001 GR	12. County Lea

16. 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 AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>	COMMENCED WATER INJECTION <input checked="" type="checkbox"/>
		NEW WELL	

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.

03/03/84 Water Injection commenced.
03/04-
28/84 Testing.
03/29/84 FINAL INJECTION TEST: Inj. 412 BWP, TP 850, CP 0.

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

SIGNED Paula A. Collins TITLE Authorized Agent DATE 04/04/84

APPROVED BY OS. SIGNED BY JERRY SEXTON TITLE DISTRICT SUPERVISOR DATE APR 9 1984

CONDITIONS OF APPROVAL, IF ANY: