

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs NM 88241-1980

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

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

OIL CONSERVATION DIVISION

2040 Pacheco St.
Santa Fe, NM 87505

WELL API NO. 30-025-28603
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. B-1520-1
7. Lease Name or Unit Agreement Name NORTH VACUUM ABO UNIT
8. Well No. 244
9. Pool name or Wildcat NORTH VACUUM ABO

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER	
2. Name of Operator MOBIL PRODUCING TX & NM INC.* *MOBIL EXPLORATION & PRODUCING US INC. AS AGENT FOR MPTM	
3. Address of Operator P.O. Box 633 Midland, TX 79702	
4. Well Location Unit Letter 0 : 589' Feet From The SOUTH Line and 1859 Feet From The EAST Line Section 23 Township 17S Range 34E NMPM LEA County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 4000' GR	

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: **HORIZONTAL/CONTINUED COMPLETION** ☒

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.

BOTTOM HOLE LOCATION: SEC. 23, T17S, R34E
UNIT LETTER 0, 1185' FROM THE SOUTH & 2422' FROM THE EAST.

LATERAL #1A1: 23' NORTH & 23' WEST F/SURFACE SPOT (CEMENTED W/20' CMT)
LATERAL #1B1: 596' NORTH & 563' WEST F/ SURFACE SPOT

SEE ATTACHED

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

SIGNATURE *Shirley Houchins* TITLE **ENV & REG TECHNICIAN** DATE **1-19-98**
TYPE OR PRINT NAME **SHIRLEY HOUCHINS** TELEPHONE NO. **915 688-2585**

(This space for State Use)

APPROVED BY ORIGINAL SIGNED BY CHRIS WILLIAMS
DISTRICT SUPERVISOR
CONDITIONS OF APPROVAL, IF ANY:

DATE **FEB 12 1998**