

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-7

5a. Indicate Type of Lease
State ☒ Fee ☐

5. State Oil & Gas Lease No.
B-1520-1

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name North Vacuum Abo Unit
2. Name of Operator Mobil Producing TX. & N.M. Inc.	8. Farm or Lease Name
3. Address of Operator Nine Greenway Plaza, Suite 2700, Houston, Texas 77046	9. Well No. 250
4. Location of Well UNIT LETTER <u>A</u> <u>620</u> FEET FROM THE <u>East</u> LINE AND <u>650</u> FEET FROM THE <u>North</u> LINE, SECTION <u>24</u> TOWNSHIP <u>17S</u> RANGE <u>34E</u> NMPM.	10. Field and Pool, or Wildcat Vacuum Abo, North
15. Elevation (Show whether DF, RT, GR, etc.) 4007 GR	12. County Lea

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO:

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

PLUG AND ABANDON ☐
CHANGE PLANS ☐
OTHER ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOBS ☒
OTHER ☐

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 1703.

06/10/84 TD 12-1/4 hole @ 7:30 AM, circ 2 hrs, POH w/bit, RIH w/HOWCO FS (Tx Pattern) + 1 jt 8-5/8 32# S80 ST&C (46') + FC + 12 jts 8-5/8 32# S80 ST&C (497') + 102 jts 8-5/8 32# K55 ST&C (4457') + 15 centlz, circ 1 hr, HOWCO cmtd 8-5/8 csg on btm @ 5000 w/1920x Class C + 4% gel + 15# salt/x + 5# gilsonite + 1/4# FC/x + 300x Class C + 2% CaCl2 + 1/4# FC/x, PD @ 11:45 PM, circ 256x cmt, est hole washout 57%.

06/11/84 Cut off 8-5/8 csg & NU BOPs, test BOPs & 8-5/8 csg to 1500 psi/30 min/ok, WOC total 18 hrs, drlg new form @ 9:15 PM.

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

SIGNED Paula W. Collins
ORIGINAL BY TERRY SEXTON
DISTRICT 1 SUPERVISOR

TITLE Authorized Agent

DATE 06/15/84

APPROVED BY _____

TITLE _____

DATE JUN 18 1984

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

JUN 18 1984

O.C.D.
HOBBS OFFICE

100-100000-100000
100-100000-100000