

OIL CONSERVATION DIVISION

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-10*
Revised 10-1-78

All distances must be from the outer boundaries of the Section.

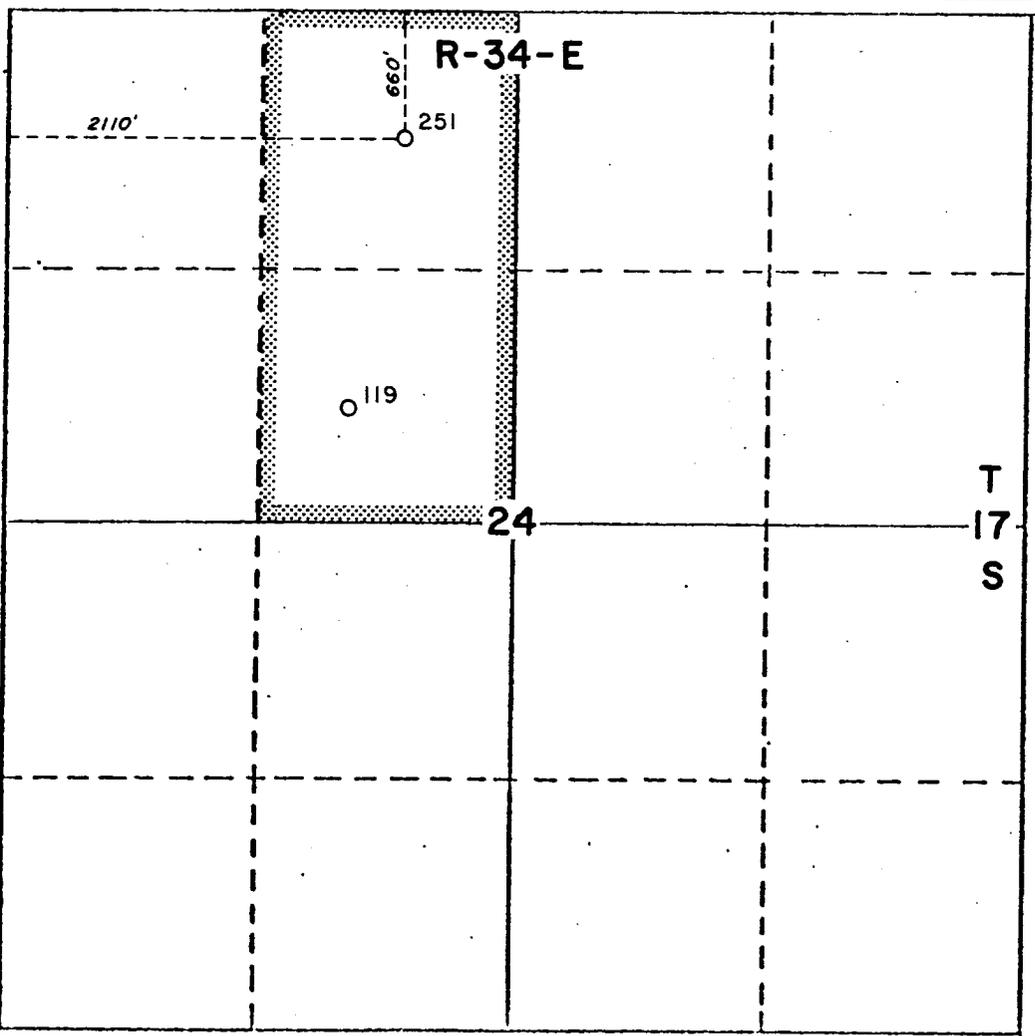
Operator Mobil Producing TX. & N.M. Inc.		Lease North Vacuum Abo Unit		Well No. 251
Unit Letter C	Section 24	Township 17S	Range 34E	County Lea
Actual Footage Location of Well: 660 feet from the North line and 2110' feet from the West line				
Ground Level Elev. 4022'	Producing Formation Abo	Pool Vacuum, North Abo		Dedicated Acreage: (2 Wells) 80 Acres

1. Outline the acreage dedicated to the subject well by colored pencil or hachure marks on the plat below.
2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
3. If more than one lease of different ownership is dedicated to the well, have the interests of all owners been consolidated by communitization, unitization, force-pooling, etc?

Yes No If answer is "yes," type of consolidation Unitized

If answer is "no," list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.) _____

No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interests, has been approved by the Division.



CERTIFICATION

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

A. D. Bond
Name **A. D. Bond**

Position **Regulatory Technician Supervisor**

Company **Mobil Producing TX & N.M. Inc.**

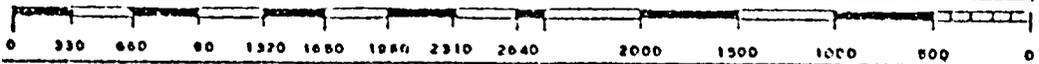
Date **November 7, 1984**

I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my knowledge and belief.

Date Surveyed _____

Registered Professional Engineer and/or Land Surveyor _____

Certificate No. _____



RECEIVED

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O.C.D.
HOSES OFFICE