Submit 3 Copies

CONDITIONS OF APPROVAL, IF ANY:

State of New Mexico

F	OITE	C-	1Œ	,
R	evla	ed 1	1-1	-89

to Appropriate District Office	F.O. Box 2088 Santa Fe. New Mexico 87504-2088		Revised 1-1-89	
<u>DISTRICT I</u> P.O. Box 1980, Hobbs, NM 88240			WELL API NO. 30-025-290	112
DISTRICT II P.O. Drawer DD, Artesia, NM 88210			5. Indicate Type	of Lesse
DISTRICT III		STATE X FEE		
1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil & G	as Lease No.
	TICES AND REPORTS ON V			
(DO NOT USE THIS FORM FOR PE DIFFERENT RESE	1	r Unit Agreement Name		
1. Type of Well:	C-101) FOR SUCH PROPOSALS.)	· · · · · · · · · · · · · · · · · · ·	BRIDGES STA	TE
OIL X GAS WELL	OTHER			
Name of Operator			8. Well No.	
Mobil Producing Tx. & N.N			191	
	ploration & Producing U.S.		9. Pool name or Wildcat	
Mobil Producing IX. & N.M	I. Inc., P. O. Box 633, Mid	land, TX 79702	VACUUM GRA	AYBURG (SAN ANDRES)
	568 Feet From The NORTH	I ine and	136 East East	The FAST
	roarroarrae	Die 450	rea Pro	m The EAST Line
Section 23	Township 17-S	Range 34-E	NMPM LEA	County
	10. Elevation (Show whe	ther DF, RKB, RT, GR, etc.)		<i>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</i>
11. Check	Appropriate Box to Indica	ate Nature of Notice R	eport or Othe	
NOTICE OF IN			-	REPORT OF:
		- ,	OLGOLIA1 I	
ERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK		ALTERING CASING
EMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	GOPNS.	PLUG AND ABANDONMENT
PULL OR ALTER CASING	ALTER CASING CASING TEST AND CEME			
OTHER:		OTHER:		
10 D - 3 D - 1 - 10				<u> </u>
 Describe Proposed or Completed Oper work) SEE RULE 1103. 	211008 (Clearly state all pertinent detail	ls, and give pertinent dates, inclu	ding estimated date	of starting any proposed
10-05-93 MIRU. 10-06-93 SPOT 20 SX @ 295	0 - 2758. SPOT 30 SX @ 1	856 - 1567. SPOT 10	SX @ 100 - SL	IRFACE.
CUT OFF CASING 3 FT BELOW	SURFACE. ERECT P & A MA	ARKER. BACKFILL CELL	AR & PIT. CLE	AN LOCATION & RDMO.
I hereby certify that the information above is tr	se and complete to the best of my knowledge			
SIGNATURE TWIST	allex	TILE ENV. & REG. TEC	H.	DATE 10-29-93
TYPE OR PRINT NAME KAYE POLLOCK				(915) TELEPHONE NO. 688-2584
				- 1000
(This space for State Use)	A State of the part of the par	<i>k</i> ~		Min or many
ADDROVED BY		W. (1)		Survey Company
ONDITIONS OF APPROVAL, IF ANY:		mu		DATE -
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