

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 88240

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

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

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO.
30-025-29013

5. Indicate Type of Lease
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.
B-1520

7. Lease Name or Unit Agreement Name
BRIDGES STATE

8. Well No.
192

9. Pool name or Wildcat
VACUUM GRAYBURG SAN ANDRES

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 ☒ GAS WELL ☐ OTHER

2. Name of Operator
Mobil Producing Tx. & N.M. Inc.*

3. Address of Operator *Mobil Exploration & Producing U.S. Inc., as Agent for
Mobil Producing TX. & N.M. Inc., P. O. Box 633, Midland, TX 79702

4. Well Location
Unit Letter JH : 2569 Feet From The NORTH Line and 1219 Feet From The EAST Line

Section 23

Township 17-S

Range 34-E

NMPM LEA

County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
GL 4025

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: ☐

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.

08-10-93 SET CIBP @ 4500 W/25 SX TO 4262 TOC
08-10-93 SPOT 25 SX FROM 2916 TO 2674
08-10-93 SPOT 25 SX FROM 1772 TO 1531
08-10-93 SPOT 10 SX FROM 60 TO SURFACE

CUT OFF 3 FT BELOW SURFACE. ERECT P & A MARKER. BACKFILL CELLAR AND EMERGENCY PIT.
CLEAN LOCATION AND MOVE OFF.

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

SIGNATURE Kaye Pollock

TITLE REGULATORY TECHNICIAN

DATE 08-25-94

TYPE OR PRINT NAME KAYE POLLOCK

(915)
TELEPHONE NO. 688-2584

(This space for State Use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

STATE GAS INSPECTOR

JUL 28 1994