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 Office					
DISTRICT I P.O. Box 1980, Hobbs NM 88240	L CONSERVATION		WELL API NO.		
DISTRICT II	P.O. Box 2088 Santa Fe, New Mexico 87504-2088			2102 30-02	5-2938
P.O. Drawer DD, Ariesia, NM 88210			5. Indicate Type	of Lease STATE X	FEE 🗌
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil & Ga B-1527		- FEE L.
SUNDRY NOTICES A (DO NOT USE THIS FORM FOR PROPOSAL	AND REPORTS ON WEL	LS			
DIFFERENT RESERVOIR.	USE "APPLICATION FOR PE) FOR SUCH PROPOSALS.)	RMIT"	7. Lease Name or Unit Agreement Name NORTH VACUUM ABO EAST UNIT		
I. Type of Well: OIL GAS WELL X WELL	OTHER		NONTH VAC	OOM ABO EAST	UNII
2. Name of Operator MOBIL PRODUCING TX & NM INC.*	*MOBIL EXPLORATION &	PRODUCING	8. Well No.		
3. Address of Operator AS AGENT FOR MPTM , BOX 633, MIDLAND, TX 79702			9. Pool name or Wildcat		
4. Well Location Unit Letter M : 659	eet From The WEST	Line and 542	Feet Fron	n The SOUTH	Line
Section 7	ownship 17S	Range 35E	NMPM LEA		_
	10. Elevation (Show whet 4028 KB, 4012	her DF, RKB, RT. GR. et	c.)		County
11. Check Approx	·//x		.	<u> </u>	
NOTICE OF INTE	oriate Box to Indicate				_
NO NOZ OF INTE	NTION TO:	SOF	SSEQUENT	REPORT OF	= ;
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK		ALTERING CASING	
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	OPNS.	PLUG AND ABANDO	NMENT
PULL OR ALTER CASING		CASING TEST AND CE			
OTHER:		OTHER: TA STATU			T.
					X
 Describe Proposed or Completed Operations work) SEE RULE 1103. 	(Clearly state all pertinent de	tails, and give pertinent da	tes, including estima	ited date of starting a	ny proposed
MOBIL REQUEST CONTINUED TA'D S	TATUS, WELL IS BEING	EVALUATED FOR FUT	URE POTENTIAL		
This Approval of Temporar Abandonment Expires	6/18/9 20	 D			
I harphy agrify that the information has in					
I hereby certify that the information above is true and considered the signature Shuley Houchus	C	ge and belief. TLE ENV. & REG. TEC I	HNICIAN	DATE 06-10-	97
TYPE OR PRINT NAME SHIRLEY HOUCHINS			7	TELEPHONE NO. 915–6	
(This space for State Use) RIGINAL SIGNED B	y Charan				
DISTRICT LS:	r Ormis M. LIAVS JPERVISON			4	7 4007
APPROVED BY	тп	`LE		DATE	7 1997
CONDITIONS OF APPROVAL, IF ANY:					

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