

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

Form C-103  
Revised 10-1-78

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease	
State <input checked="" type="checkbox"/>	Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.	
B-1527	

**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.)

OIL WELL <input checked="" type="checkbox"/>	GAS WELL <input type="checkbox"/>	OTHER- <input type="checkbox"/>
Name of Operator		
Mobil Producing TX & NM Inc.		
Address of Operator		
9 Greenway Plaza, Suite 2700, Houston, TX 77046		
Location of Well		
UNIT LETTER <u>M</u>	<u>659</u> FEET FROM THE <u>West</u> LINE AND <u>542</u> FEET FROM	
THE <u>South</u> LINE, SECTION <u>7</u>	TOWNSHIP <u>17-S</u>	RANGE <u>35-E</u> NMPM.

7. Unit Agreement Name
8. Farm or Lease Name
North Vacuum Abo East Unit
9. Well No.
14
10. Field and Pool, or WHdcat
North Vacuum Abo
12. County
Lea

15. Elevation (Show whether DF, RT, GR, etc.)  
GL- 4012

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

INFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input checked="" type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
ILL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	

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.

10-7/8-85 MIRU Moranco Drlg. Co. Rig #9.

10-9-85 SPUD & TD 17-1/2" hole, RIH w/10 jts 13-3/8 48# H40 ST&C csg w/5 centl, cmt on btm @ 417 w/500x Class C, circ 220x EHE 1%, WOC.

10-10-85 WOC 19-1/2 hrs, test csg 1000#/30 min/ok, drlg new form.

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

by Nancy Lewis TITLE Authorized Agent DATE 10-16-85  
ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT 1 SUPERVISOR  
OCT 21 1985  
OVER BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
DITIONS OF APPROVAL, IF ANY:

RECEIVED  
OCT 21 1985  
O.C.C.  
HOBBS OFFICE