Submit 3 Copies to Appropriate District Office

CONDITIONS OF APPROVAL, IF ANY:

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-09

| District Office | Energy, witherard and reaction | resources Department | | Kevmed | 1 1-1-44 |
|---|--|---|--------------------------------------|------------------------|--|
| DISTRICT I | OIL CONSERVATI | ON DIVISION | | | · · · · · · · · · · · · · · · · · · · |
| P.O. Box 1980, Hobbs NM 88241-1980 | Box 1980, Hobbs NM 88241-1980 2040 Pacheco St. | | WELL API NO. 30-025-29389 | | |
| DISTRICT II P.O. Drawer DD, Artesia, NM 88210 | Santa Fe, NM | 87505 | 5. Indicate Type | of Louse | |
| DISTRICT III | | | | STATE X | FEE 🗌 |
| 1000 Rio Brazos Rd., Aztec, NM 87410 | | | 6. State Oil & Ga B-1520-1 | is Louse No. | |
| | ICES AND REPORTS ON WE | | | | |
| (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" | | | 7. Lease Name or Unit Agreement Name | | |
| 1 | (FORM C-101) FOR SUCH PROPOSALS.) 1. Type of Well: | | NORTH VACUUM ABO EAST | | |
| OIL GAS WELL WELL | OTHER | • | | | |
| 2. Name of Operator MOBIL PRODUC | | | 8. Well No. | | |
| | DRATION & PRODUCING US INC | . AS AGENT FOR MPTM | | ***** | |
| 3. Address of Operator P.O. Box 633 | 3 Midland, TX 79702 | | 9. Pool name or NORTH VACUU | | |
| 4. Well Location | | | | | |
| Unit Letter K : 206 | 5 Feet From The WEST | Line and18 | 70 Feet Fro | m The SOUT | H Line |
| Section 18 | Township 17-\$ | Range 35-E | NMPM | LEA | County |
| | 10. Elevation (Show when | ther DF, RKB, RT, GR, etc | c.) | | |
| 11. Check An | opropriate Box to Indicate | Noture of Notice | Donort or f | Other Dete | <u>/////////////////////////////////////</u> |
| _ | NTENTION TO: | 1 | | CINEL DALA | NE. |
| NOTICE OF II | TIENTION TO: | 306 | SEQUEN : | REPORT |)F: _ |
| PERFORM REMEDIAL WORK | PLUG AND ABANDON | REMEDIAL WORK | | ALTERING CASIN | ia [|
| TEMPORARILY ABANDON | CHANGE PLANS COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT | | | | DONMENT [|
| PULL OR ALTER CASING | CASING TEST AND CEMENT JOB | | | | |
| OTHER: | | OTHER: X | | | [|
| 12. Describe Proposed or Completed Op- work) SEE RULE 1103. WORKOV | erations (Clearly state all pertinent d ER 02-18-99 02-27-99 | etalls, and give pertinent da | tes, including estin | nated date of starting | g any proposed |
| | | | | | |
| MIRU KEY #243, UNHANG RODS, POH, LD RODS & PUMP, ND WH, NU BOP, RELEASE TAC, TAG BTM. SWI, SDFN. TALLY OUT PROD. TBG., RU HOWCO, RAN GR/CCL F/8818-8318', PERFORATE 8737-8756' W/4 SPF, W/STIM SLEEVE. | | | | | |
| RD HOWCO. SWI, SDF | | 8-8318', PERFORATE 8737 | -8756' W/4 SPF, W | STIM SLEEVE. | |
| POH W/KILL STRING, FIN. TEST IN HOLE, SE | RU TEST TRUCK, TEST IN HOLE W ET PKR @ 8574', EST TOP @ 8667'LC | /PKR ON WS, SWI, SDFN (V DAD CSG W/FW, WORK GA | WIND). AS OFF. SWI. SDF1 | ۷. | |
| RU HOWCO, ACIDIZE SWAB, UNSET PKR, PO | W/2600 GALS OF 20% VCA ACID & OH LD WS, RIH W/PROD TBG. SWI, | 2000 GALS OF 15% HCL AG SDFN. | CID. | | |
| SWAB, UNSET PKR, PO | OH LD WS, RIH W/PROD TBG. SWI, | SDFN. | | | |
| FIN RIH W/PROD TBG, | , ND BOP, SET TAC, NU WH, PREPA | RE TO RUN RODS, SWI, SI | DFN. | | |
| HUNG WELL ON, LOA | .D & PRES TEST PUMP & TBG, RDM | O KEY 243. CLEAN LOCA | TION | | |
| I hereby certify that the information above is | true and complete to the best of my knowle | dge and belief. | | | |
| SIGNATURE TO THE SIGNATURE | seley for 1 | TILE ENV & REG TECH | NICIAN | DATE | -23-99 |
| TYPE OR PRINT NAME SHIRLEY HOUCH | HINS | | | TELEPHONE NO. 91 | 5 688-2585 |
| (This space for State Use) | | | | | |
| ORIGINAL SIGN | NED BY CHRIS WILLIAMS | | | | 3 : 153 |
| APPROVED BY | | TITLE | | DATE | |