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State of New Mexico

Form C-103

Energy, Minerals and Natural Resources Department to Appropriate Revised 1-1-89 District Office DISTRICT I OIL CONSERVATION DIVISION P.O. Box 1980, Hobbs NM 88240 WELL API NO. P.O. Box 2088 30-025-29430 DISTRICT II Santa Fe, New Mexico 87504-2088 P.O. Drawer DD, Artesia, NM 88210 5. Indicate Type of Lease STATE X FEE DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 6. State Oil & Gas Lease No. B-1520-1 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" 7. Lease Name or Unit Agreement Name (FORM C-101) FOR SUCH PROPOSALS.) NORTH VACUUM ABO UNIT 1. Type of Well: OIL WELL GAS WELL _ OTHER INJECTOR 2. Name of Operator 8. Well No. MOBIL PRODUCING TX & NM INC.* *MOBIL EXPLORATION & PRODUCING 286 3. Address of Operator
AS AGENT FOR MPTM , BOX 633, MIDLAND, TX 79702 9. Pool name or Wildcat Wacuum 4. Well Location Unit Letter O Line and 1930 Feet From The SOUTH Feet From The EAST Line Section 26 Township 17S Range 34E NMPM LEA County 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 4016 Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data 11. NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT PULL OR ALTER CASING CASING TEST AND CEMENT JOB OTHER: TA STATUS OTHER: 12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed 4-21-97 SET CIBP @ 8408' W/35' OF CEMENT. NOTIFIED NMOCD & RAN MIT @ 500#/30 MINUTES. MOBIL REQUEST TA'D STATUS, THIS WELLBORE IS BEING EVALUATED FOR POTENTIAL HORIZONTAL DRILLING. Nedstobe retested fullott), present for 10% greater for 10% This Approval of Trapping Abandonment Copies I hereby certify that the information above is true and complete to the best of my knowledge and belief. TITLE ENV. TYPE OR PRINT NAME SHIRLEY HOUCHINS :585 (This space for State Use)

APPROVED BY_

CONDITIONS OF APPROVAL, IF ANY:

