Submit 3 Copies to Appropriate

CONDITIONS OF APPROVAL, IF ANY:

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-8

District Office		au resources Department	Revised 1-1-89
DISTRICT I	OIL CONSERVA	TION DIVISION	
P.O. Box 1980, Hobbs NM 88241-1980	2040 Pach	+	WELL API NO.
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	Santa Fe, N	IM 87505	30-025-29431 5. Indicate Type of Lease
DISTRICT III			STATE X FEE
1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil & Gas Lease No.
SUMPRIME SI INDEV MOTI	ICES AND REPORTS ON V	VELLO	B-1520-1
(DO NOT USE THIS FORM FOR PRO			
DIFFERENT RESER	RVOIR. USE "APPLICATION FOR	PERMIT"	7. Lease Name or Unit Agreement Name
1. Type of Well:	-101) FOR SUCH PROPOSALS.)		NORTH VACUUM ABO UNIT
ÖÎL GAS WELL X WELL □	OTHER		
2. Name of Operator MOBIL PRODUC			8. Well No.
	RATION & PRODUCING US I	NC. AS AGENT FOR MPTM	
3. Address of Operator		NOT TO THEM TON THE THE	9. Pool name or Wildcat
P.O. Box 633 4. Well Location	Midland, TX 79702		NORTH VACUUM ABO
Unit Letter M : 660	Feet From The SOUT	TH Line and 78	60 Feet From The WEST Line
		Line and 70	Feet From The WEST Line
Section 26	Township 17-S	Range 34-E	NMPM LEA County
	10. Elevation (Show w	hether DF, RKB, RT, GR, etc 4027' GR, 4045' KB	:.)
11. Check An	propriate Roy to Indica		Report, or Other Data
NOTICE OF IN	ITENTION TO:	l l	
NO 1102 OF IN	TERTION 10.	306	SEQUENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON X	CHANGE PLANS	COMMENCE DRILLING	OPNS. PLUG AND ABANDONMENT
PULL OR ALTER CASING		CASING TEST AND CE	
	_	¬	·
OTHER:		OTHER: PRESSURE	TEST FOR TA
12. Describe Proposed or Completed Oper	rations (Clearly state all pertinen	t details, and give pertinent dat	tes, including estimated date of starting any proposed
work) SEE RULE 1103.	-	, 0 1	, any proposed
MOBIL REQUEST CONTINUED TA STATUS FOR THIS WELL - WELL IS UNECONOMICAL TO			
PRODUCE AT THIS TIME.			
DECCURE CHART ATTACHED			
PRESSURE CHART ATTACHED.			
	and the second second		
		Tale Approval of 1	² 编纂的3
		Marindanian Capital	
		·	The state of the s
I hereby certify that the information above is tru	se and complete to the best of my know	ledge and belief.	
SIGNATURE YOU THOMAS	Jos	TITLE ENV & REG TECHN	ICTAN 02 02 00
	X	THEE LINE OF REG TECHN.	ICIAN DATE 02-03-99
TYPE OR PRINT NAME SHIRLEY HOUCH	<u>INS</u>		TELEPHONE NO. 915 688-2585
(This space for State Use)			
	enied		
APPROVED BY	NICU	TITLE	DATE

