

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 I
P.O. Box 1980, Hobbs NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO. 30-025-29436
5. Indicate Type of Lease STATE ☒ FEE ☐
6. State Oil & Gas Lease No. B-1520
7. Lease Name or Unit Agreement Name NORTH VACUUM ABO UNIT
8. Well No. 292
9. Pool name or Wildcat NORTH VACUUM ABO
10. Elevation (Show whether DF, RKB, RT, GR, etc.) KB 4063.5; GL 4045

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.)

1. Type of Well: OIL WELL ☒ GAS WELL ☐ OTHER	2. Name of Operator MOBIL EXPLORATION & PRODUCING U.S. INC. AS AGENT FOR
3. Address of Operator MOBIL PRODUCING TX & NM INC., BOX 633, MIDLAND, TX 79702	4. Well Location Unit Letter G : 2090 Feet From The NORTH Line and 2025 Feet From The EAST Line Section 22 Township 17-S Range 34-E NMPM LEA County
11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☒ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: ☐

12. 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.

02-01-94 MIRU. POOH W/RODS & PUMP. RU. PUMP 100 BBLS PW DOWN ANNULUS. DROP SV PRESSURE. TEST TBG TO 5000#. FISH SV. NU BOP. REL TAC. POOH W/PROD TBG.
02-02-94 ND WH. NU BOP. REL TAC. RU WL. PERF W/4 JSPF @ 8671-86; 8696-8712; 8714-20; 8732-44; 8750-62; 8776-86 (308 HOLES). RIH W/PKR @ 8561.
02-03-94 RU DOWELL; PUMP 100 BBLS FW DOWN ANNULUS; ACDZ W/7000 GAL 15% NEFE HCL ACID + 375 RCNBS. SI WELL FOR 1 HR. BLED OFF. POOH W/TBG & PKR. RIH W/TBG ASSY.
02-04-94 BLEED OFF PRESS. ND BOP. SET TAC @ 14000 TENSION. NU WELLHEAD. RIH W/PUMP & RODS. PRESS TEST TO 500#. RDMO. CLEAN LOCATION. REL TO PRODUCTION.

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

SIGNATURE Kaye Pollock-Lyon TITLE ENV. & REG. TECHNICIAN DATE 02-28-94
TYPE OR PRINT NAME KAYE POLLOCK-LYON TELEPHONE NO. 915-688-25

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

MAR 02 1994

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: