

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. 30-025-29546
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. LG-3362
7. Lease Name or Unit Agreement Name LOVINGTON DEEP STATE
8. Well No. 1
9. Pool name or Wildcat <i>Sagehen River</i> UPPER PENN-8 WOLFCAMP

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 <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER	
2. Name of Operator Mobil Producing TX & N.M. Inc.	
3. Address of Operator 12450 Greenspoint Drive, Houston, TX 77060	
4. Well Location Unit Letter <u>A</u> : <u>823'</u> Feet From The <u>NORTH</u> Line and <u>581</u> Feet From The <u>EAST</u> Line Section <u>1</u> Township <u>17S</u> Range <u>35E</u> NMPM LEA County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) KB 3952'	

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: <u>R/C IN WOLFCAMP.</u> <input checked="" type="checkbox"/>

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.

11/08/93 MIRU PRODUCTION UT. PULL RODS; RU BOP SWIFN
11/09/93 OWU UNSET TAC & STRAP OOH W/TBG. SWIFN
11/10/93 OWU; SET CIBP @ 10,645; PERF WOLFCAMP 10,128'-10,305' W/2SPF, SWIFN
11/11/93 OWU-RIH W/MODEL R PKR; SET PKR BELOW PERFS @ 10,604'. LOAD TBG W/1738 GAL. BRINE & PRESSURE TEST TBG & CIBP TO 1045 PSI. HELD O.K. MOVE PKR TO 10,000' & SET. ND BOP NUWH. LOAD BACKSIDE W/428 BBL BRINE & PRESS. TEST TO 1000 PSI-HOLD FOR 5 MINS. TEST SURFACE LINES TO 5000 PSI. SWIFN
11/12/93 POOH W/PKR. RIH W/OTIS PERMALATCH PKR TO BOTTOM RU TO REVERSE CIRC. REVERSE CIRC 50 BBL-FLUID IS CLEAN. PULL TBG TO 10,000' AND TRY TO SET PKR. UNABLE TO SET PKR. POOH. SWIFN.
11/13/93 OWU - PRESSURE ANNULUS TO 1000 PSI & ATTEMPT TO BREAK DOWN PERFS USING 5000 PSI. WOULD NOT BREAK DOWN SO MAX. PRESSURE WAS INCREASED TO 7000 PSI. FORMATION TOOK FLUID @ .4 BPM @ 6873 PSI. PUMP ACID TREATMENT AS FOLLOWS: 6000 GAL 20% VCA, 1000 GAL 2% KCl. SD TO PRESSURE BACKSIDE TO 1200 PSI AS FOLLOWS: 8000 GAL 20% VCA, 2500 GAL 2% KCl. RD AND SWIFN.
11/14/93 OWU; RU TO FLOW BACK. WELL FLOWING 900 PSI 8/64 CHOKE; 10 BBI WATER RECOVERED. WELL FLOWING 100-600 PSI 48/64 CHOKE 90 BBI TOTAL RECOVERY; APPROX. 20 BBI OIL. VERY GASSY. SWIFN

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

SIGNATURE Patricia B. Swanner TITLE Reg. Tech/Asst. III DATE 3/14/94
TYPE OR PRINT NAME Patricia B. Swanner TELEPHONE NO. 775-2081

(This space for State Use)

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

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

MAR 30 1994

RECEIVED

MAR 24 1994

**GOVERNMENT
OFFICE**