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Form C-101
Revised 1-1-65

SA. Indicate Type of Lease	
STATE <input checked="" type="checkbox"/>	FEE <input type="checkbox"/>
5. State Oil & Gas Lease No.	
B-1520-1	

1a. Type of Work						7. Unit Agreement Name North Vacuum Abo Unit	
b. Type of Well	<input checked="" type="checkbox"/> DRILL <input type="checkbox"/>		<input type="checkbox"/> DEEPEN	<input type="checkbox"/> PLUG BACK		8. Farm or Lease Name	
OIL WELL <input checked="" type="checkbox"/>	GAS WELL <input type="checkbox"/>	OTHER _____		SINGLE ZONE <input checked="" type="checkbox"/>	MULTIPLE ZONE <input type="checkbox"/>		
2. Name of Operator Mobil Producing Texas & New Mexico, Inc.						9. Well No. 294	
3. Address of Operator P. O. Box 633, Midland, Texas 79702						10. Field and Pool, or Wildcat North Vacuum ABO	
4. Location of Well UNIT LETTER C LOCATED 2120 FEET FROM THE west LINE AND 800 FEET FROM THE north LINE OF SEC. 23 TWP. 17-S RGE. 34-E NMPM						12. County Lea	
c. Elevations (Show whether DF, RT, etc.) 4030' GR				19. Proposed Depth 9,000'	19A. Formation Abo	20. Rotary or C.T. Rotary	
d. Kind & Status Plug Bond On File		e. Drilling Contractor Unknown		f. Approx. Date work will start ASAP			

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
17-1/2"	13-3/8"	48#	400'	Circulate to Surface	
12-1/4"	8-5/8"	28 & 32#	0-5000'	Circulate to Surface	
7-7/8"	5-1/2" Liner	15.5#	4200-7400'	Circulate to Surface	
		17#	7400'-TD	/	

Casing String	Equipment Size & API Series	No. & Type	Test Pressure (psi)
Surface	13-5/8" x 3000#	1 MG & 1 PR 1 MG, 1 PR & Rotary Head	3000# 5000#

Permit Expires 6 Months From Approval Date Unless Drilling Underway.

IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM; IF PROPOSAL IS TO DEEPEN OR PLUG BACK, GIVE DATA ON PRESENT PRODUCTIVE ZONE AND PROPOSED NEW PRODUCTIVE ZONE. GIVE BLOWOUT PREVENTER PROGRAM, IF ANY.

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

Signed C. C. Smith for G. E. Tate Title Env. & Reg. Manager Date 12-20-85

(This space for State Use)

ORIGINAL SIGNED BY JERRY SIXTON

APPROVED BY DIRECTOR / INFORMATION TITLE _____

CONDITIONS OF APPROVAL, IF ANY:

DEC 23 1985

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O.C.D.
HOODS OFFICE