STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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DISTRIBUTION		
BANTA PE		
FILE		
U.S.G.S.		
LAND OFFICE		
OPERATOR	\mathbf{I}	

OIL CONSERVATION DIVISION P.O. BOX 2088 SANTA FE, NEW MEXICO 87501

Form C-103 Revised 10-1-78

U.S.G.S. LAND OFFICE OPERATOR	State X Fee State Oil & Gas Lease No.
SUNDRY NOTICES AND REPORTS ON WELLS	B-1520-1
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL ON TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT _" (FORM C-101) FOR SUCH PROPOSALS.)	7. Unit Agreement Name
OIL X GAB OTHER-	North Vacuum Abo Unit
2. Name of Operator Mohil Producing TV & MM inc	8. Form or Lease Name
Mobil Producing TX & NM Inc. 3. Address of Operator	9. Well No.
9 Greenway Plaza, Suite 2700, Houston, TX 77046	296
UNIT LETTER I 1900 PEET FROM THE SOUTH LINE AND 600 PEET PROM	North Vacuum Abo
East LINE, SECTION 15 TOWNSHIP 17S RANGE 34E NAME	
15. Elevation (Show whether DF, RT, GR, etc.)	12. County
GL - Check Appropriate Pay To Indicate Nature of Nation Paper of O	l lea /////////
Check Appropriate Box To Indicate Nature of Notice, Report or O NOTICE OF INTENTION TO: SUBSEQUEN	ther Data IT REPORT OF:
PERFORM REMEDIAL WORK PLUC AND ABANDON REMEDIAL WORK TEMPORARILY ABANDON COMMENCE DRILLING OPHS.	ALTERING CASING PLUG AND ABANDONMENT
PULL OR ALTER CASING CHANGE PLANS CASING TEST AND CEMENT JQB	
OTHER	
17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including work) SEE RULE 1903.	ng estimated date of starting any proposed
4-4/9-86 Drlq.	
4-10/13-86 Coring.	
4-14-86 Fin coring, TD 7-7/8" hole, logged.	
4-15-86 Logging.	
4-16-86 RIH w/33 jts $17\#$ & 77 jts $15.5\#$ 5-1/2" K55 ST&C w/12 ce cmt @ 8850 w/550x C + 300x H, WOC.	ntl, TOL @ 4232,
4-17-86 Tag cmt @ 4019, WOC 18 jts, test TOL 1000#-30 min-ok, r	el Moranco rig #10.
18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.	· 1
Many Muio Authorized Agent	_ DATE 4-23-86
ORIGINAL SEASO BY JERRY SECUTOR	APR I d S
CONDITIONS OF APPROVAL, IF ANY:	