

DISTRICT I
1625 N. French Dr., Hobbs, NM 88240
DISTRICT II
811 South First, Artesia NM 88210
DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410
DISTRICT IV
2040 South Pacheco, Santa Fe, NM 87505

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

WELL API NO.
30-025-29675

5. Indicate Type of Lease
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.
8015

7. Lease Name or Unit Agreement Name
Bridges State

8. Well No.
511

9. Pool name or Wildcat
Vacuum; Grayburg-San Andres

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 **Injection**

2. Name of Operator
Mobil Producing TX. & N.M. Inc.

3. Address of Operator **P.O. Box 4358**
Houston TX 77210-4358

4. Well Location
Unit Letter **O** : **474** Feet From The **south** Line and **1904** Feet From The **east** Line
Section **23** Township **17S** Range **34E** NMPH **Lea** County

10. Elevation (Show whether DR, RKB, RT, GR, etc.)
4028' GR

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 ☐ MULTIPLE COMPLETION ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG & ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: **Mechanical Integrity Test** ☒

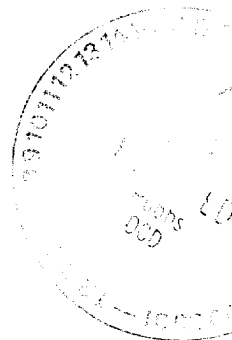
12. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103. (For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion)

7/31/02 Date of Mechanical Integrity Test

Test pressure (psig): **540**

	Tubing	Production Casing	Surface Casing
Initial	540	0	0
15 Min.	525	0	0
30 Min.	510	0	0

MIT chart is attached.



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

SIGNATURE Tiffany Stebbins TITLE **Staff Office Assistant** DATE **08/13/2002**

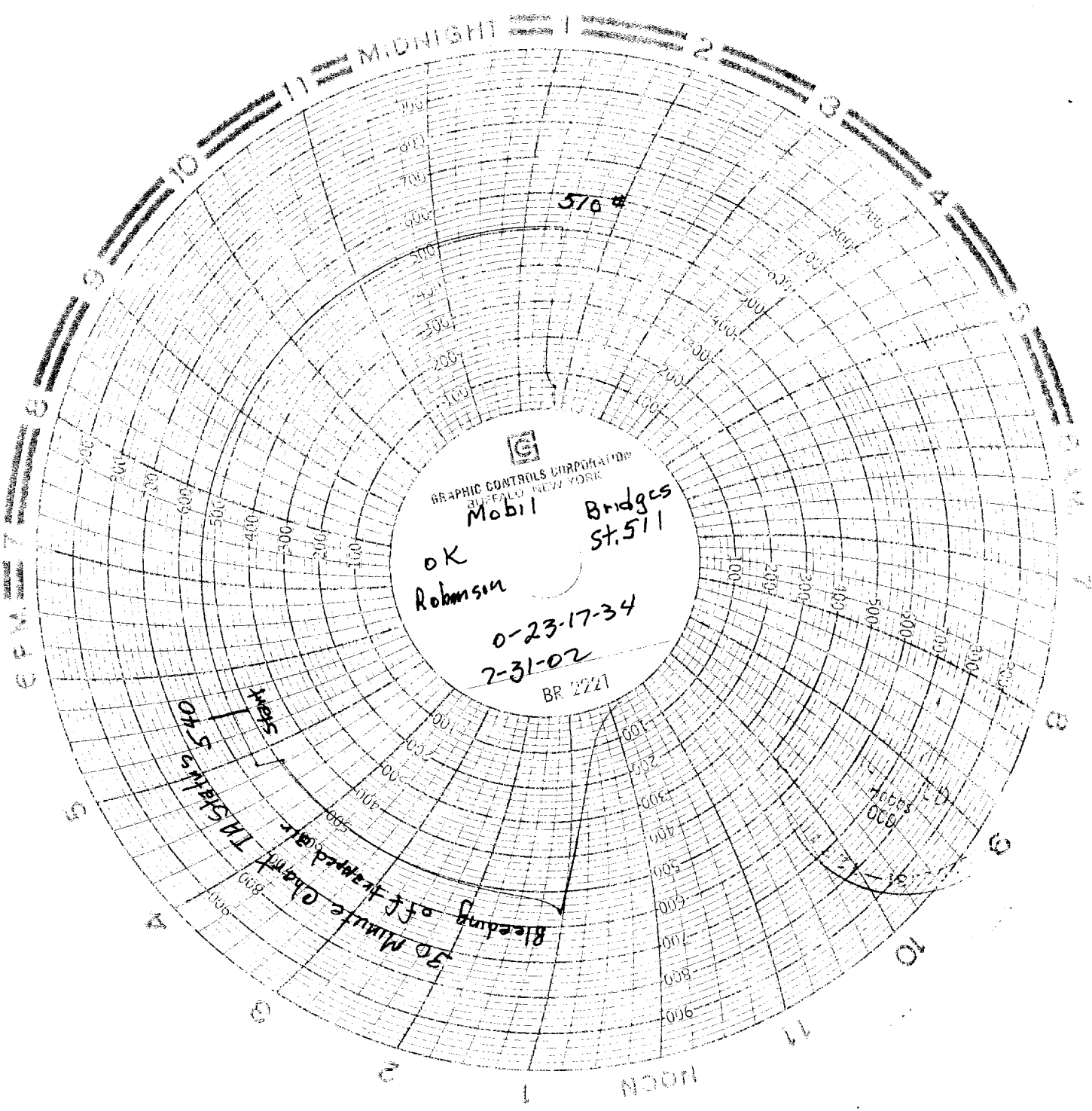
TYPE OR PRINT NAME **Tiffany A. Stebbins** TELEPHONE NO. **(713) 431-1207**

(This space for State Use)

APPROVED BY _____ DATE **AUG 21 2002**

CONDITIONS OF APPROVAL IF ANY:

DATE **AUG 21 2002**
TITLE **SEAL BY**
GARY W. WINK
OO FIELD REPRESENTATIVE / STAFF MANAGER



GRAPHIC CONTROLS CORPORATION
BUFFALO NEW YORK

OK Robinson
Mobil Bridges
St. 511

0-23-17-34
2-31-02
BR 2221

30 Minute Chart
Bleeding off steam at 10:30