Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised March 25, 1999

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, Sante Fe, NM 87505 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)		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		
1. Type of Well: Oil Gas Well Other Injection				
2. Name of Operator Mobil Producing TX. & N.M. Inc.			8. Well No. 511	-
3. Address of Operator P.O. Box 4358 Houston	TX 7721	0-4358	9. Pool name or Wildcat Vacuum; Grayburg-San Andres	_
4. Well Location Unit Letter O: 474 Feet From The 80	outh	Line and 1904	Feet From The east Li	ne
Section 23 Township 17S			NMPH Lea County	,
10. Elevation 4028' GI	(Show whether R	DR, RKB, RT, GR, etc.)		
11. Check Appropriate Box to NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK PLUG AND ABANG TEMPORARILY ABANDON CHANGE PLANS PULL OR ALTER CASING MULTIPLE COMPLETION OTHER: 12. Describe proposed or completed operations. (Clearly state all perf work) SEE RULE 1103. (For Multiple Completions: Attach well) 1. Inspect rig, checked H2S monitor. MIRU WSU. 2. Unflanged wellhead. Installed spool and BOP. Testage and the second seal off packer. 4. POOH with 162 joints 2-7/8" duoline tubing. Laid 5. RU WLU. RIH with gauge ring to 5000'. POOH was 1. RU WSU. RIH with 2-3/8" tubing to 4900'. Tested 9. Circulated 200 bbls packer fluid. 10. Ran MIT test on well. NMOCD witnessed test. 11. RDMO WSU. Clean location.	tinent details, and allbore diagram of the sted to 600 p. I down seal awith gauge r. L.U.	SUBSE REMEDIAL WORK COMMENCE DRILLIN CASING TEST AND CI OTHER: Temporarily and give pertinent dates, include for proposed completion or reconst, Okay. assembly. ing.	EQUENT REPORT OF: ALTERING CASING G OPNS. PLUG & ABANDONMENT EMENT JOB	
SIGNATURE Diffany Stephens		aff 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	GARY W.	SIGNED BY WINK REPRESENTATIVE II/S	AUG 2 1 200	= 2
CONDITIONS OF APPROVAL IF ANY:		This Approval of Abandonment Expi	- Marine Street	_