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

Form C-103
Revised 10-1-78

5a. Indicate Type of Lease
State [X]　　　Fee [ ]

5. State Oil & Gas Lease No.
B-1520

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.
OIL WELL [ ]　　GAS WELL [ ]　　OTHER- SWD

7. Unit Agreement Name

2. Name of Operator
Mobil Producing TX & NM Inc.

8. Farm or Lease Name
Bridges State

3. Address of Operator
9 Greenway Plaza, Suite 2700, Houston, TX 77046

9. Well No.
511

4. Location of Well

UNIT LETTER ___O___, ___474___ FEET FROM THE ___South___ LINE AND ___1904___ FEET FROM

THE ___East___ LINE, SECTION ___23___ TOWNSHIP ___17S___ RANGE ___34E___ NMPM.

10. Field and Pool, or Wildcat
Vacuum-Grayburg SA

15. Elevation (Show whether DF, RT, GR, etc.)
GR-4028

12. County
Lea

16.
Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK [ ]
TEMPORARILY ABANDON [ ]
PULL OR ALTER CASING [ ]

PLUG AND ABANDON [ ]
CHANGE PLANS [ ]

OTHER _____ [ ]

SUBSEQUENT REPORT OF:

REMEDIAL WORK [ ]
COMMENCE DRILLING OPNS. [ ]
CASING TEST AND CEMENT JOB [X]

OTHER _____

ALTERING CASING [ ]
PLUG AND ABANDONMENT [ ]

[ ]

17. 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.

7-28/8-1-86	Drlg
8-2-86	TD 8 3/4" hole
8-3-86	Logging
8-4-86	RIH W/17 jts 7" 23# K55 LT&C & 80 jts 7" 23# N80 Butress csg W/10 centl, cmt @ 5650 W/1150 sx CL C, cap foam btwn 7" & 9 5/8" csg W/100 sx CL C, circ 51 sx, WOC, RDMO Cactus Rig #52.

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

SIGNED *Nancy Lewis*　　TITLE Authorized Agent　　DATE 8-11-86

ORIGINAL SIGNED BY JERRY SEXTON
APPROVED BY ___DISTRICT I SUPERVISOR___　　TITLE _____　　DATE AUG 1 5 1986

CONDITIONS OF APPROVAL, IF ANY: