

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

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

WELL API NO.

30-025-29703

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

B-10639

7. Lease Name or Unit Agreement Name

LOVINGTON DEEP AMOCO STATE

1. Type of Well:

OIL
WELL ☒

GAS
WELL ☐

OTHER

2. Name of Operator

MOBIL PRODUCING TX & N.M. INC.

3. Address of Operator

12450 Greenspoint Drive, Houston, TX 77060-1991

4. Well Location

Unit Letter E : 1980 Feet From The NORTH

Line and

SOUTH SHOE BAR/WOLFCAMP
660 Feet From The WEST

Line

Section 6

Township 17S

Range 36E

NMPM LEA

County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

3927 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 ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐

ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐

PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: COMMINGLING UPPER PENN & WOLFCAMP ☒

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.

11/1/93 MIRU. Ran CIBP in hole @ 10,700' to isolate Upper Penn.

11/2/93 Perf Wolfcamp 10200-10405 w/2JSPF

11/3/93 RD to continue testing Wolfcamp. See 103 submitted 11/10/93 & approved 11/17/93

05/13/94 MIRU - Hold safety meeting

05/14/94 Bleed off well.

05/16/94 Drill out CIBP @ 10,700' to commingle Upper Penn and Wolfcamp

05/17/94 RDMO - FINAL REPORT

WE ARE REQUESTING ASSIGNMENT OF AN ALLOWABLE TO THE WELL AND ALLOCATION OF PRODUCTION FROM THE WELL AS FOLLOWS:

S. SHOE BAR WOLFCAMP

OIL 20%

GAS 20%

S. SHOE BAR UPPER PENN

OIL 80%

GAS 80%

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

SIGNATURE Patricia B. Swanner

TITLE Reg. Tech/Asst. III

DATE 10/12/94

TYPE OR PRINT NAME Patricia B. Swanner

TELEPHONE NO. 713/775-2081

(This space for State Use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

NOV 24 1994