

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

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

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

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

WELL API NO.  
30-025-30509

5. Indicate Type of Lease  
STATE  FEE

6. State Oil & Gas Lease No.

**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.)

7. Lease Name or Unit Agreement Name  
STATE SEC. 22 COM.

1. Type of Well:  
OIL WELL  GAS WELL  OTHER

8. Well No.  
1

2. Name of Operator  
Mobil Producing Tx. & N.M. Inc.\*  
3. Address of Operator \*Mobil Exploration & Producing U.S. Inc., as Agent for Mobil Producing TX. & N.M. Inc., P. O. Box 633, Midland, TX 79702

9. Pool name or Wildcat  
WILDCAT UPPER PENNSYLVANIAN

4. Well Location  
Unit Letter O : 1980 Feet From The SOUTH Line and 660 Feet From The EAST Line

Section 22 Township 17S Range 35E NMPM LEA County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)  
3931

11. 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   
OTHER:

PLUG AND ABANDON   
CHANGE PLANS

**SUBSEQUENT REPORT OF:**

REMEDIAL WORK   
COMMENCE DRILLING OPNS.   
CASING TEST AND CEMENT JOB   
OTHER:

ALTERING CASING   
PLUG AND ABANDONMENT

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.

05-26-92 AS OF THIS DATE, WORKOVER/RECOMPLETION OF THIS OIL WELL TO THE WILDCAT UPPER PENNSYLVANIAN HAS NOT BEEN DONE. WE HEREBY REQUEST WELL BE PUT BACK INTO THE SO. SHOE BAR ATOKA GAS UNTIL FURTHER NOTICE. WE HAVE NO INDICATION OF WHEN WELL WORK WILL BE DONE TO THIS WELL. TEST ALLOWABLE WAS REQUESTED ON FORM C-104, 10-15-91, PREMATURELY. PERFORATIONS WERE NEVER DONE.

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

SIGNATURE Kaye Pollock

TITLE REGULATORY TECHNICIAN

DATE 05-26-92

TYPE OR PRINT NAME KAYE POLLOCK

(915)  
TELEPHONE NO. 688-2584

(This space for State Use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

MAY 28 '92