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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. B-1520
7. Unit Agreement Name
8. Farm or Lease Name Bridges State
9. Well No. 180
10. Field and Pool, or Wildcat Vacuum
12. County Lea

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>
2. Name of Operator Mobil Oil Corporation
3. Address of Operator Box 633, Midland, Texas 79701
4. Location of Well UNIT LETTER <u>P</u> <u>330</u> FEET FROM THE <u>South</u> LINE AND <u>330</u> FEET FROM THE <u>East</u> LINE, SECTION <u>26</u> TOWNSHIP <u>17-S</u> RANGE <u>34-E</u> NMPM.
15. Elevation (Show whether DF, RT, GR, etc.) 4003 GR

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>

SUBSEQUENT REPORT OF:

REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
CASING TEST AND CEMENT JOB <input checked="" type="checkbox"/>	OTHER <input type="checkbox"/>

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.

BRIDGES STATE #180

Running 7" csg past 5 hrs, 123 jts in hole. Finished running 7" 24# 10v casg 159 jts, Howco cem @ 4850 w 1400 sx TLW 7 1/2# salt/sx + 200 sx Class C Neet PD 8:15 am MDT 2/15/74, Cem circ WOC/4 days Tested Csg to 1500#/OK

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

SIGNED Christine O. Tucker

TITLE Proration Clerk

DATE 2-22-74

D BY _____

TITLE _____

DATE _____

IS OF APPROVAL, IF ANY: