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LAND OFFICE		
OPERATOR		

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 Fee

5. 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.)

1. OIL WELL GAS WELL OTHER

2. Name of Operator: Mobil Oil Corporation

3. Address of Operator: Three Greenway Plaza East - Suite 800, Houston, Tx. 77046

4. Location of Well
UNIT LETTER C 370 FEET FROM THE South LINE AND 1650 FEET FROM
THE East LINE, SECTION 15 TOWNSHIP 25-S RANGE 37-E NMPM.

7. Unit Agreement Name

8. Farm or Lease Name: Lanolie Mattix Queen Unit

9. Well No. 214

10. Field and Pool, or Wildcat: Lanolie Mattix Queen

15. Elevation (Show whether DF, RT, GR, etc.): 3090 KB

12. County: Lea

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>	OTHER <u>Casing - Bradenhead Test</u> <input checked="" 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.

8-10-77
Test OK
Witnessed by - M. G. Crossland

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

SIGNED M. G. Crossland TITLE Authorized Agent DATE 8-22-77

APPROVED BY M. G. Crossland TITLE _____ DATE AUG 29 1977

CONDITIONS OF APPROVAL, IF ANY: