NO. OF COPIES RECEIVED		Form C-193
DISTRIBUTION		Supersedes Old
SANTAFE	NEW MEXICO OIL CONSERVATION COMMISSION	C-102 and C-103 Effective 1-1-65
FILE		Fuective 1-f-02
U.S.G.S.	· ·	5a. Indicate Type of Lease
LAND OFFICE		State Fee XX
OPERATOR		5. State Otl & 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.		7. Unit Agreement Name
WELL XX WELL	OTHER-	
2. Name of Operator		8. Farm or Lease Name Tract 15
Mobil Oil Corpora	tion	Denton North Wolfcamp Uni
3. Address of Operator		9. Well No.
Box 633, Midland,	Texas 79701 .	2
Location of Well	10/43 12/01	10. Field and Pool, or Wildcat
R	660 FEET FROM THE North LINE AND 1980 FEET	Denton Wolfcamp
UNIT LETTER	OUD FEET FROM THE NOT CIT LINE AND 1900 FEET	FROM THE
Fact	26 1 <i>1</i> 1_5 37_F	
THE <u>EAST</u> LINE, SEC	TION 26 TOWNSHIP 14-S RANGE 37-E	чмрм. (////////////////////////////////////
	15. Elevation (Show whether DF, RT, GR, etc.)	12. County
	3824 GR	Lea
16.		
Check	Appropriate Box To Indicate Nature of Notice, Report of	r Other Data
NOTICE OF	INTENTION TO: SUBSEQU	JENT REPORT OF:
		_
PERFORM REMEDIAL WORK	PLUG AND ABANDON REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON XX	COMMENCE DRILLING OPNS.	PLUG AND ABANDONMENT
PULL OR ALTER CASING	CHANGE PLANS CASING TEST AND CEMENT JOB	
	OTHER	
OTHER		
 Describe Proposed or Completed work) SEE RULE 1103. 	Operations (Clearly state all pertinent details, and give pertinent dates, incl	uding estimated date of starting any proposed
Bonny SEE NOCE 1103.		
Temp. abandon eff	ective 11-1-74.	
· cmp: asarraon ay		
Hold mending geol	ogical study for rearranging water flood patte	arn ·
nord penating geor	sylval study for rearranging water frood patte	
		-
	Epires 10	1.17
		11///
	7 (21802)	////
		<i>/</i>
8. I hereby certify that the informati	on above is true and complete to the best of my knowledge and belief.	
No. 7 hereby certify that the informati	shadore is true and complete to the best of my knowledge and belief.	
J. N. M.	1/10	
IGNED .	Authorized Agent	DATE 10-14-74
——— ——————————————————————————————————	Orgadi, and by	
\cup \cup		y ender 1
PPROVED BY	Joe D. Ramey	DATE
VIEW BY	Dist. I, Supv.	DATE

CONDITIONS OF APPROVAL, IF ANY: