NO. OF COPIES RECEIVED			Form C-103
DISTRIBUTION	NEW MEXICO OIL CONSERVATION COMMISSION		Supersedes Old C-102 and C-103
SANTA FE			Effective 1-1-65
U.S.G.S. 150 11 15			
U.S.G.S.		1 - 1 1 15 EM 166	5a. Indicate Type of Lease
LAND OFFICE	_		State X Fee
OPERATOR			5. State Oil & Gas Lease No.
			B-1520
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.)			
I. OIL X GAS OTHER-			7. Unit Agreement Name
2. Name of Operator SCCONY MOBIL OIL COMPANY, INC.			8. Farm or Lease Name State Bridges 5/5/6
3. Address of Operator P. O. Box 1800, Hobbs, New Mexico			9. Well No. 90
4. Location of Well 660 Fact 1980			10. Field and Pool, or Wildcat Vacuum (G-SA)
UNIT LETTER			
THE North LINE, SECTION 10 TOWNSHIP 175 RANGE 34E NMPM.			
	15. Elevation (Show whether 4051 GR	DF, RT, GR, etc.)	12. County Lea
16. Chec	k Appropriate Box To Indicate N	Nature of Notice Report of C	
	INTENTION TO:	· · · · · · · · · · · · · · · · · · ·	NT REPORT OF:
1101102 01	INTERVIOR TO	33532432	
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON		COMMENCE DRILLING OPNS.	PLUG AND ABANDONMENT
PULL OR ALTER CASING	CHANGE PLANS	CASING TEST AND CEMENT JOB	
_		othem Temporari	.ly Abandoned
OTHER			
		<u> </u>	
17. Describe Proposed or Completed work) SEE RULE 1109.	Operations (Clearly state all pertinent det	ails, and give pertinent dates, including	ing estimated date of starting any proposed
,			
TD 4724			
TD 4734*			
PB 4684*			
15 100			
Held for possi	ble secondary recovery.		
·			
10 I because contifue that the informati	ion above is true and complete to the best	of my knowledge and heliaf	
. I hereby certify that the informat	abore to true and complete to the Dest	mio naoago ana octicio	
50 /	Yenn	Group Supervisor	DATE 1-1-66
SIGNED	TITLE	Group Supervisor	DATE
	,		
	1 ,		
APPROVED BY			DATE
CONDITIONS OF APPROVAL, IF A	NYI		