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NEW MEXICO OIL CONSERVATION COMMISSION

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

1967

5. Indicate Type of Lease: State [X] Fee [ ]

6. 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.)

1. OIL WELL [ ] GAS WELL [ ] OTHER. WIW

7. Unit Agreement Name

2. Name of Operator: Mobil Oil Corporation

8. Farm or Lease Name: Bridges State

3. Address of Operator: P. O. Box 633, Midland, Texas 79701

9. Well No. 76

4. Location of Well: Unit Letter O, 660 Feet From The South Line and 1980 Feet From The East Line, Section 11, Township 17-S, Range 31-E, NMPM

10. Field and Pool, or Wildcat: Vacuum Grayburg SA

15. Elevation (Show whether DF, RT, GR, etc.): 4026 GL

12. County: Lea

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 [ ]
- PLUG AND ABANDON [ ]
- CHANGE PLANS [ ]
- OTHER [ ]

SUBSEQUENT REPORT OF:

- REMEDIAL WORK [ ]
- COMMENCE DRILLING OPNS. [ ]
- CASING TEST AND CEMENT JOB [ ]
- ALTERING CASING [ ]
- PLUG AND ABANDONMENT [ ]
- OTHER Convert Oil Well to WIW [X]

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.

4750 TD. 5½" csg 4750 S. perfs (4662-4692)

4/14/67. MIRU Baker Well Serv DD Unit. Ran 3½ DP to 4750 TD. Hole clean. Ran plastic coated Johnston tension pkr on 112 jts - 2-3/8" 10# thd CL tbg to 3800. Run 26 jts - 2-3/8" 8RT thd CL tub (total 138 jts). Set Johnston tension pkr at 4601' w/ 12000# tension. Install injection head. Released to production 1:00 PM 4/20/67 as WIW.

APPROVED

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

SIGNED John J. Hurd TITLE Authorized Agent DATE 4/21/67

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: