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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 <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 Bridge State
9. Well No. 77
10. Field and Pool, or Willcat Vic. G - S. A.
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 - 1" (FORM C-101) FOR SUCH PROPOSALS.)

1. CIL WELL ☒ GAS WELL ☐ OTHER ☐

2. Name of Operator
Mobil Oil Corporation

3. Address of Operator
Box 633, Midland, Texas 79701

4. Location of Well
UNIT LETTER **L** **660** FEET FROM THE **West** LINE AND **1980** FEET FROM
THE **Survey** LINE, SECTION **12** TOWNSHIP **17 S** RANGE **34-E** N.M.P.M.

15. Elevation (State whether DF, RT, GR, etc.)
4023 GR.

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 checked="" type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	

17. Descriptive Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

*Temp. abandon well effective July 1, 1972
Uneconomical to produce*

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

SIGNED *Christine C. Tucker* TITLE *Production Clerk* DATE *7-7-72*

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: