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NEW MEXICO OIL CONSERVATION COMMISSION

APR 17 11 42 AM '67

Form O-103
Supersedes O-11
C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease
State Fed

5. State Oil & Gas Lease No.
B-1520

7. Unit Agreement No.

8. Name of the State
Fridges State

9. Well No.
76

11. Field and Block, or Well Unit
Vacuum Grabung SA

12. County
Lea

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO REOPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE APPLICATION FOR PERMIT TO DRILL FOR OIL OR GAS PROPOSALS.)

1. OIL WELL GAS WELL OTHER

2. Name of Operator
Mobil Oil Corporation

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

4. Location of Well
UNIT LETTER 0 660 FEET FROM THE South LINE AND 1980 FEET FROM THE East LINE, SECTION 11 TOWNSHIP T-17S RANGE R-31E

15. Elevation (Show whether DF, RT, GR, etc.)
4035 GR

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 OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input checked="" type="checkbox"/> Convert to Water Injection Well	CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER <input 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.)

Pull tubing and clean out well. Run 2" C. L. Tubing on Pkr. Install injection head and complete as a water injection well.

APPROVED
M. E. Cledge

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

SIGNED *Robert J. Hunt* TITLE Authorized Agent DATE 4/6/67

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: