

NEW MEXICO OIL CONSERVATION COMMISSION

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

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SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR TO TAP TO A DIFFERENT RESERVOIR.
USE "APPLICATION FOR PERMIT TO DRILL" (FORM C-101) FOR SUCH PROPOSALS.)

5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. <u>B-1520</u>
7. Unit Agreement Name
8. Farm or Lease Name <u>Bridge State</u>
9. Well No. <u>103</u>
10. Field and Pool, or Wildcat <u>Vac. Horrocks</u>
12. County <u>Lea</u>

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>
2. Name of Operator <u>Mobil Oil Corporation</u>
3. Address of Operator <u>Box 633, Midland, Texas 79701</u>
4. Location of Well UNIT LETTER <u>E</u> <u>2310</u> FEET FROM THE <u>N</u> LINE AND <u>660</u> FEET FROM THE <u>W</u> LINE, SECTION <u>25</u> TOWNSHIP <u>17-S</u> RANGE <u>34-E</u> NMPM.
15. Elevation (Show whether DF, RT, GR, etc.)

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 type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER <input checked="" 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 1703.

Installed identified risers and surface valves on outlet of all unexposed casing strings.

Installation was inspected and approved by NMOOC personnel

8. I hereby certify that the information above is true and complete to the best of my knowledge and belief.		
Original Signed by: <u>(Mrs.) Christine O. Tucker</u>	TITLE <u>Authorized Agent</u>	DATE <u>5-25-76</u>
APPROVED BY _____	TITLE _____	DATE _____
CONDITIONS OF APPROVAL, IF ANY:		