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# 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*

## 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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>   | 7. Unit Agreement Name                                |
| 2. Name of Operator<br><i>Mobil Oil Corporation</i>  | 8. Farm or Lease Name<br><i>Bridges State</i>         |
| 3. Address of Operator<br><i>Box 633</i>   | 9. Well No.<br><i>163</i>                             |
| 4. Location of Well<br>UNIT LETTER <i>J</i> <i>1980</i> FEET FROM THE <i>East</i> LINE AND <i>1980</i> FEET FROM THE <i>South</i> LINE, SECTION <i>15</i> TOWNSHIP <i>17-S</i> RANGE <i>34-E</i> NMPM. | 10. Field and Pool, or Wildcat<br><i>Undesignated</i> |
| 15. Elevation (Show whether DF, RT, GR, etc.)<br><i>4043.5 Gr.</i>   | 12. County<br><i>Weg.</i>                             |

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 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 checked="" 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.

8/16 (7) 3100 WOC 8-5/8 csg, ran 8-5/8 OD 28.0# H-40 csg to 3100, Howco cmtd on bottom @ 3100 w/ 1300x T1LW w/ 17% salt/x + 200x Class C Neat w/ 2.6# salt/x, PD @ 9:30 p.m. 8/15/71, cmt circ, prep to drill 7-7/8" hole, BRIDGES STATE #163

8/17 (8) 3660 drlg lm & anhy, 7-7/8" hole, NND. Fr Wtr. WOC total 18 hrs, test 8-5/8 csg & BOP's 1000#/ok.

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

|                                 |                                    |                         |
|---------------------------------|------------------------------------|-------------------------|
| SIGNED <i>J. McDaniel</i>       | TITLE <i>Authorized Agent</i>      | DATE <i>8-16-71</i>     |
| APPROVED BY <i>[Signature]</i>  | TITLE <i>SUPERVISOR DISTRICT I</i> | DATE <i>AUG 19 1971</i> |
| CONDITIONS OF APPROVAL, IF ANY: |                                    |                         |