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HOBBS OFFICE O.G.C.  
 NOV 22 2 48 PM '65  
 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 type="checkbox"/>	Fee <input checked="" type="checkbox"/>

5. State Oil & Gas Lease No.

### 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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- <b>Redrill &amp; Deepen</b>		7. Unit Agreement Name
2. Name of Operator <b>Socony Mobil Oil Company, Inc.</b>		8. Farm or Lease Name <b>U. D. Sawyer</b>
3. Address of Operator <b>Box 1800, Hobbs, New Mexico</b>		9. Well No. <b>1 SWD</b>
4. Location of Well UNIT LETTER <b>A</b> , <b>660</b> FEET FROM THE <b>East</b> LINE AND <b>660</b> FEET FROM THE <b>North</b> LINE, SECTION <b>33</b> TOWNSHIP <b>9-S</b> RANGE <b>36-E</b> N.M.P.M.		10. Field and Pool, or Wildcat <b>Crossroads</b>
15. Elevation (Show whether DF, RT, GR, etc.) <b>4043 DF</b>		12. County <b>Lea</b>

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>

SUBSEQUENT REPORT OF:

REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input checked="" type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
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.

**BBM Drilling Company moved in and rigged up at 4:00 P.M., 11/20/65 commenced drilling out operations.**

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

SIGNED *[Signature]* TITLE Group Supervisor DATE Nov. 22, 1965

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
 CONDITIONS OF APPROVAL, IF ANY: