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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.
7. Unit Agreement Name
8. Farm or Lease Name State "BB"
9. Well No. 1
10. Field and Pool, or Wildcat Mescalera 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" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>
2. Name of Operator Mobil Oil Corporation
3. Address of Operator Box 633, Midland, Texas 79701
4. Location of Well UNIT LETTER <u>B</u> <u>2310</u> FEET FROM THE <u>East</u> LINE AND <u>660</u> FEET FROM THE <u>North</u> LINE, SECTION <u>14</u> TOWNSHIP <u>10-S</u> RANGE <u>32-E</u> NMPM.
15. Elevation (Show whether DF, RT, GR, etc.) 4284 GR

15. 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 checked="" 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 type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
CASING TEST AND CEMENT JOBS <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.

Temporarily abandon effective 10-1-75.

Hold for secondary recovery unit in San Andres zone.

*Expires 10-1-76*

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

SIGNED <u>[Signature]</u>	TITLE <u>Authorized Agent</u>	DATE <u>10-14-75</u>
APPROVED BY <u>[Signature]</u>	TITLE <u>SUPERVISOR</u>	DATE <u>OCT 21 1975</u>
CONDITIONS OF APPROVAL, IF ANY:		