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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65
JAN 28 3 13 PM '66

5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. E-1311

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 Socony Mobil Oil Company, Inc.	8. Farm or Lease Name New Mex. "X"
3. Address of Operator Box 1800, Hobbs, New Mexico	9. Well No. 1
4. Location of Well UNIT LETTER P 400 FEET FROM THE East LINE AND 330 FEET FROM THE South LINE, SECTION 10 TOWNSHIP 10-S RANGE 32-E N.M.P.M.	10. Field and Pool, or Wildcat N. Mescalero San Andres
15. Elevation (Show whether DF, RT, GR, etc.) 4324 GL	12. County Lea

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 type="checkbox"/>	PLUG AND ABANDONMENT <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.

Set 4490' of 4-1/2" J-55 9.5# Casing @ 4490, cement w/300 sax Incor Neat w/8# of salt/sax. Plug down @ 4:30 A.M., 1-19-66. WOC 49-1/2 hours. Est. Top of Cement @ 2390. Tested casing w/2000# 30 min. - OK

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

SIGNED E. J. Kennon TITLE Group Supervisor DATE Jan. 28, 1966

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: