DISTRIBUTION			Form C-103
			Supersedes Old
SANTA FE	NEW MEXICO OIL CONS	SERVATION COMMISSION	C-102 and C-103 Effective 1-1-65
FILE			211001170 11 03
U.S.G.S.			5a. Indicate Type of Lease
LAND OFFICE			State X Fee
OPERATOR			5, State Oil & Gas Lease No.
OFERATOR			
			0G-93
SUND 100 NOT USE THIS FORM FOR S	PRY NOTICES AND REPORTS ON PROPOSALS TO DRILL OR TO DEEPEN OR PLUG ATION FOR PERMIT -" (FORM C-101) FOR SU	WELLS	
	ATION FOR PERMIT - " (FORM C-101) FOR SU	CH PROPOSALS.)	
l.			7. Unit Agreement Name
WELL WELL	OTHER-		
2. Name of Operator			8. Farm or Lease Name
Mobil Oil Corpo	oration		State "BB"
3. Address of Operator			9. Well No.
P.O. Box 633, N	Midland, Texas 79701		4
4. Location of Well			10. Field and Pool, or Wildcat
UNIT LETTER 0	2310 FEET FROM THE East	990	Mescalero SA
UNIT LETTER	FEET FROM THE	LINE ANDF	EET FROM MESCAJETO SA
South	14 10 9	32 5	
THE SOUTH LINE, SEC	TION14 TOWNSHIP10-5	RANGE 32-E	NMPM. ()
	15. Elevation (Show whether	DE PT CP ata 1	12. County
	4332	<del></del>	Lea ////////
Check	Appropriate Box To Indicate 1	Nature of Notice, Repor	t or Other Data
NOTICE OF	INTENTION TO:	SUBSE	QUENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON		COMMENCE DRILLING OPNS.	PLUG AND ABANDONMENT
PULL OR ALTER CASING	CHANGE PLANS	CASING TEST AND CEMENT JOB	
7 CEE ON METER CHOINE			additional pay in same
071150		zone & sti	mulated
OTHER		20110 0 301	mara cca
17. Describe Proposed or Completed	Operations (Clearly state all pertinent det	ails, and give pertinent dates,	including estimated date of starting any proposed
work) SEE RULE 1103.			
Perforated addi	ladamal mandamaadama do a.	fumbts bee ones one	
	cional pertoracions in sa	ione Zunie alia St.iiiali	ated as ner
מתרווריתון עורגוו	tional perforations in sa	ine zone and scinui	ated as per
Daily Drilling	Summary attached.	me zone and stimul	ated as per
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Daily Drilling		ime zone and stillui	ated as per
Daily Drilling		ime 2011e aria Striiigi	ated as per
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Daily Drilling		ane zone and Stingi	ated as per
Daily Drilling		ane zone and Stilligi	ated as per
	Summary attached.		ated as per
			ated as per
18. I hereby certify that the informati	Summary attached.		ated as per
18. I hereby certify that the informati	on above is true and complete to the best	of my knowledge and belief.	
18. I hereby certify that the informati	Summary attached.		ated as per  DATE 9-1-70
18. I hereby certify that the informati	on above is true and complete to the best	of my knowledge and belief.	DATE 9-1-70
18. I hereby certify that the informati	on above is true and complete to the best	of my knowledge and belief.	DATE 9-1-70

NO. OF COPIES RECEIVED