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HOLERS OFFICE O. C. C.
 NEW MEXICO OIL CONSERVATION COMMISSION
 FEB 17 11 07 AM '66

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. OG-93
7. Unit Agreement Name
8. Farm or Lease Name State "BB"
9. Well No. 4
10. Field and Pool, or Wildcat Mescalero San Andres
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-
2. Name of Operator Socony Mobil Oil Company, Inc.
3. Address of Operator Box 1800, Hobbs, New Mexico
4. Location of Well UNIT LETTER 0, 2310 FEET FROM THE East LINE AND 990 FEET FROM THE South LINE, SECTION 14 TOWNSHIP 10-S RANGE 32-E NMPM.
15. Elevation (Show whether DF, RT, GR, etc.) 4332

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 4500' of 4-1/2" 9.5# casing @ 4500', cemented w/300 sax Incor Neat + 8#/sx salt.
 Plug down @ 12:30 A.M. 2-12-66. Est. top of cement @ 3000'. WOC 53 hours.
 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 2-16-66

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: