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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

<p align="center">SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR MOVE BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT - 1" (FORM C-101) FOR SUCH PROPOSALS.)</p>		<p>5a. Indicate Type of Lease State <input type="checkbox"/> Fee <input type="checkbox"/></p> <p>5. State Oil & Gas Lease No.</p>
<p>1. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER-</p>		<p>7. Unit Agreement Name</p>
<p>2. Name of Operator Mobil Oil Corporation</p>		<p>8. Farm or Lease Name State M</p>
<p>3. Address of Operator Box 633, Midland, Texas 79701</p>		<p>9. Well No. 14</p>
<p>4. Location of Well UNIT LETTER <u>C</u> <u>330</u> FEET FROM THE <u>N</u> LINE AND <u>1320</u> FEET FROM THE <u>W</u> LINE, SECTION <u>34</u> TOWNSHIP <u>17-S</u> RANGE <u>35-E</u> NMPM.</p>		<p>10. Field and Pool, or Wildcat Vee Glorita</p>
<p>15. Elevation (Show whether OF, RT, GR, etc.)</p>		<p>12. County Lea</p>

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOB ☐
OTHER ☒

ALTERING CASING ☐
PLUG AND ABANDONMENT ☐

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.

Installed identified risers and surface valves on outlet of all unexposed casing strings.

Installation was inspected and approved by NMOOC personnel

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

Original Signed by:
(Mrs.) Christine O. Tucker

SIGNED _____

TITLE Authorized Agent

DATE 5-25-76

APPROVED BY _____

TITLE _____

DATE _____

CONDITIONS OF APPROVAL, IF ANY: