| | | | . France C 100 |
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| NO. OF COPIES RECEIVED | | Supple of Fig. C. C. C. | Form C-103 Supersedes Old |
| DISTRIBUTION | | HOBBS OFFICE C. C. C. | C-102 and C-103 |
| SANTA FE | NEW MEXICO OIL CONS | ERVATION COMMISSION | Effective 1-1-65 |
| FILE | | JAN 12 2 59 PM '67 | 5a. Indicate Type of Lease |
| U.S.G.S. | | | State Fee. |
| LAND OFFICE | | | |
| OPERATOR | } | | 5, State Oil & Gas Lease No. B-2140 |
| | | | mmmmmm |
| SUNDR | Y NOTICES AND REPORTS ON | WELLS | |
| USE "APPEICAT | ION FOR PERMIT - " (FORM C-101) FOR SUC | H PROPOSALS.) | 7. Unit Agreement Name |
| OIL X GAS WELL | OTHER• | | |
| 2. Name of Operator Mobil Cil Corpor | ation | | 8. Form or Lease Name State CC |
| 3. Address of Operator | | | 9. Well No. |
| P. O. Box #633, | Midland. Texas | | 1 |
| 4. Location of Well | | | 10. Field and Pool, or Wildcat |
| UNIT LETTER | 1980 South | LINE AND FEET FROM | Vacuum Dovonian |
| 7.7 | 36 170 | 3) ₁ E | |
| THE ST LINE, SECTION | ON36 TOWNSHIP175 | RANGE NMPM | |
| mmmmm | 15. Elevation (Show whether | DE RT CR etc.) | 12. County |
| | LOO1 DF | Dr, Rr, GR, etc.) | Lea |
| İMMININ İMMININ İ | | | |
| | Appropriate Box To Indicate N NTENTION TO: | - | her Data T REPORT OF: |
| | - | | |
| PERFORM REMEDIAL WORK | PLUG AND ABANDON | REMEDIAL WORK | ALTERING CASING |
| TEMPORARILY ABANDON | · · · <u></u> | COMMENCE DRILLING OPNS. | PLUG AND ABANDONMENT |
| PULL OR ALTER CASING | CHANGE PLANS | CASING TEST AND CEMENT JOB | r Abandonad F |
| | | other Temporaril | y Abandoned A |
| OTHER | | | |
| | (Cl. 1 II II II | i al in antique de la includir | s estimated date of starting any proposed |
| work) SEE RULE 1103. | perations (Clearly state all pertinent det | aits, and give pertinent dutes, including | g estimated date of starting any proposed |
| | | • | |
| mm 30 0001 | | | · |
| TD 12,080' | | | |
| PB 12,045' | l a secole arram | | |
| Study for possib | Te workover• | | |
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| 10 I banks goodfor that the information | above is true and complete to the best | of my knowledge and belief. | |
| 10. I nereby certify that the information | and complete to the best | | |
| | andan | Authorized Agent | 1/7/67 |
| SIGNED | TITLE | 10011011000 11E 0110 | DATE |
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APPROVED

| NO. OF COPIES RECEIVED | | Form C-103 | | |
|--|---|---|--|--|
| DISTRIBUTION | | Supersedes Old C-102 and C-103 | | |
| SANTA FE | NEW MEXICO OIL CONSERVATION COMMISSION | Effective 1-1-65 | | |
| FILE | alluri . () .ari | 5a. Indicate Type of Lease | | |
| U.S.G.S. | | State X Fee | | |
| OPERATOR | | 5. State Oil & Gas Lease No. | | |
| | J | B-2146 | | |
| SUNDR (DO NOT USE THIS FORM FOR PR USE "APPLICAT | | | | |
| OIL GAS WELL WELL | OTHER- | 7, Unit Agreement Name | | |
| 2. Name of Operator | | 8. Farm or Lease Name | | |
| Mobil Oil Coro | Doration | State "CC" (| | |
| • | O, Hobbs, New Mexico | 9. Well No. | | |
| 4. Location of Well | nobbs, non nexteo | 10. Field and Pool, or Wildcat | | |
| UNIT LETTER L | Vacuum Devonian | | | |
| THEWest_ LINE, BECFI | ON 36 TOWNSHIP 178 NAME 31,5 SMEMI | | | |
| | 15. Elevation (Show whether DF, RT, GR, etc.) 4001 DF | 12. County Lea | | |
| Check | Appropriate Box To Indicate Nature of Notice, Report or Otl | ner Data | | |
| NOTICE OF I | NTENTION TO: SUBSEQUENT | REPORT OF: | | |
| | _ | | | |
| TEMPORARILY ABANDON | PLUG AND ABANDON REMEDIAL WORK COMMENCE DRILLING OPNS. | ALTERING CASING | | |
| PULL OR ALTER CASING | CHANGE PLANS CASING TEST AND CEMENT JOB | PLUG AND ABANDONMENT | | |
| | —————————————————————————————————————— | rarily (bendened [] | | |
| OTHER | | | | |
| 17. Describe Proposed or Completed Op | perations (Clearly state all pertinent details, and give pertinent dates, including | estimated date of starting any proposed | | |
| work) SEE RULE 1103. | , | , , | | |
| | | | | |
| TD 12,080' | | | | |
| PB 12,045' | | | | |
| Studying for possible workover. | | | | |
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| 18. I hereby certify that the information | above is true and complete to the best of my knowledge and belief. | | | |
| | | | | |
| SIGNED | Cleytte THE Anthorized Agent | DATE 7-33-66 | | |
| | | · | | |
| APPROVED BY | TITLE | DATE | | |
| CONDITIONS OF APPROVAL, IF ANY | | | | |