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NEW MEXICO OIL CONSERVATION COMMISSION

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

JUL 22 11 50 AM '65

5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>	
5. State Oil & Gas Lease No. B-1520	
7. Unit Agreement Name	
8. Farm or Lease Name State Bridges	
9. Well No. 105	
10. Field and Pool, or Wildcat Vacuum (Grayburg-SA)	
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 P. O. Box 1800, Hobbs, New Mexico 4. Location of Well UNIT LETTER <u>A</u> , <u>660</u> FEET FROM THE <u>North</u> LINE AND <u>500</u> FEET FROM THE <u>East</u> LINE, SECTION <u>26</u> TOWNSHIP <u>17S</u> RANGE <u>34E</u> NMPM. 15. Elevation (Show whether DF, RT, GR, etc.) 4010 GR	16. 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 JOBS <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Temporarily Abandoned
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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.

TD 6150'
PB 6102'

Held for possible secondary recovery.

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

SIGNED <u>E. J. Keenan</u>	TITLE <u>Group Supervisor</u>	DATE <u>7-1-65</u>
APPROVED BY _____	TITLE _____	DATE _____
CONDITIONS OF APPROVAL, IF ANY:		