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LAND OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

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

5a. Indicate Type of Lease  
State  Fee

5. State Oil & Gas Lease No.

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 <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator <i>Mobil Oil Corporation</i>	8. Farm or Lease Name <i>Brunson-A-90</i>
3. Address of Operator <i>Box 633, Midland, Texas 79701</i>	9. Well No. <i>19</i>
4. Location of Well UNIT LETTER <i>D</i> <i>589</i> FEET FROM THE <i>North</i> LINE AND <i>731</i> FEET FROM THE <i>West</i> LINE, SECTION <i>10</i> TOWNSHIP <i>22-S</i> RANGE <i>37-E</i> NMPM.	10. Field and Pool, or Wildcat <i>Drumhead</i>
15. Elevation (Show whether D <sup>12</sup> , RT, GR, etc.) <i>3425 GR.</i>	12. County <i>Lea</i>

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input checked="" type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input 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.  
*Perforate additional Perforations and stimulate in same zone as per procedures attached*

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

SIGNED *[Signature]* TITLE *Authorized Agent* DATE *7-11-73*

APPROVED BY *[Signature]* TITLE *[Signature]* DATE *[Signature]*

CONDITIONS OF APPROVAL, IF ANY: