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NEW MEXICO OIL CONSERVATION COMM

RECEIVED

JUN 29 1983

O.C.D.

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 REFRAC OR PLUG BACK TO A DIFFERENT RESERVOIR.
USE APPLICATION FOR PERMIT TO DRILL (FORM C-102) FOR SUCH PROPOSALS.

ARTESIA OFFICE

1. ☒ OIL WELL ☐ GAS WELL ☐ OTHER-	7. Unit Agreement Name
2. Name of Operator Mobil Producing TX. & N.M. Inc.	8. Farm or Lease Name K. S. Woolery 13
3. Address of Operator Nine Greenway Plaza, Suite 2700, Houston, Texas 77046	9. Well No. 4
4. Location of Well UNIT LETTER <u>A</u> <u>330</u> FEET FROM THE <u>North</u> LINE AND <u>660</u> FEET FROM <u>East</u> LINE, SECTION <u>13</u> TOWNSHIP <u>9S</u> RANGE <u>28E</u> N.M.P.M.	10. Field and Pool, or Wildcat Und. Twin Lakes-SA-Asse
11. Elevation (Show whether DF, RT, CR, etc.) 3968' (GR)	12. County Chaves

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK ☐	PLUG AND ABANDON ☐	REMEDIAL WORK ☒	ALTERING CASING ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPNS. ☒	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐	OTHER ☐	CASING TEST AND CEMENT JOB ☐	
OTHER _____		NEW WELL	

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.

06/23/83 Collier Drllg Corp Rig #10 spud in @ 7:30 am 6/22/83, fin 12-1/4 hole @ 3 pm 6/22/83, ran 8 jts 8-5/8 24# K55 ST&C csg, HOWCO cmt csg on btm @ 300' w/250x Class C + 2% CaCl₂, PD @ 5:45 pm 6/22/83, cmt circ 30x, estm 100% hole washout WOC 8 hrs & cut off csg & NU BOP, test csg & BOP to 1200 psi/ok, now GIH w/ bit.

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

SIGNED Paula A. Collins TITLE Authorized Agent DATE 6/27/83

APPROVED BY _____ TITLE For Record Only DATE _____

CONDITIONS OF APPROVAL, IF ANY: