|                                       | T                                       |   |  |                     |                       |  |                              |                      |  |
|---------------------------------------|---|---|--|---------------------|-----------------------|--|------------------------------|----------------------|--|
| NO. OF COPIES RECEIVED                | <del></del>                             |   |  |                     |                       |  | Form C-103<br>Supersedes Old |                      |  |
| DISTRIBUTION                          |   |   |  |                     |                       |  | C-102 and C-                 |                      |  |
| SANTA FE                              |   | NEW WEXT  | CO OIL CONSE                           | RVATION COMM        | MOISSIN               |  | Effective 1-1-               |                      |  |
| FILE                                  |   |   |  | RECE                | IVE                   | D  |                              |                      |  |
| U.S.G.S.                              |   |   |  |                     |                       |  | 5a. Indicate Type            | of Lease             |  |
| LAND OFFICE                           | <del> </del>                            |   |  | 007.4               | 0 4071                |  | State                        | Fee                  |  |
| OPERATOR                              | لــــــــــــــــــــــــــــــــــــــ |   |  | OCT 16              | 6 19/                 | )  | 5, State Oil & Ga            | s Lease No.          |  |
| (0.5, 0.5)                            | SUI                                     | NDRY NOTICES AND R<br>B PHOPOSALS TO DRILL OR TO D<br>LICATION FOR PERMIT - " (FORK | EPORTS ON W                            | /ELLS o r           | , L                   | antinates and and control of the State of th | 11111111                     |                      |  |
| USE                                   | APP                                     | LICATION FOR PERMIT = " (FORK   | EEPER OR PLUG BAC<br>( C-101) FOR SUCH | PROPOSAL PERENT     | MEŠERNO!!<br>—CIECICI | L  |                              |                      |  |
| 1.                                    |   |   |  | ,                   |                       | -  | 7. Unit Agreemen             | t Name               |  |
| WELL XX GAS WELL  2. Name of Operator | <u>. L.J</u>                            | OTHER-  |  |                     |                       |  |                              |                      |  |
| -                                     | 0100                                    | anation /   |  |                     |                       |  | 8. Farm or Lease             |                      |  |
| Mobil Oil C                           | orpo                                    | oracion /   |  |                     |                       | NorthE   | ast Square                   | Lake Unit            |  |
|                                       | 41.                                     | . T   |  |                     |                       |  | 9. Well No.                  |                      |  |
| BOX 533, M1                           | <u>a i a i</u>                          | nd, Texas 79701   |  |                     |                       |  | 9                            |                      |  |
|                                       |   | 660   | Noxth                                  | 66                  | :0                    | /4   | 10. Field and Poo            |                      |  |
| UNIT LETTERU                          | •                                       | 660 FEET FROM TH  | IE NOT CIT                             | LINE ANDUU          | <del></del>           | FEET FROM  | MANUE LAKE                   | Grayburg SA          |  |
| THE West                              | INE, S                                  | ECTION 11 TOWN  | 16-S                                   | RANGE               | 31-E                  | кмрм.  |                              |                      |  |
| mmmmm                                 | ,,,,,                                   |   |  |                     |                       |  |                              |                      |  |
|                                       |   | 15. Elevation   | (Show whether Di                       | F, RT, GR, etc.)    |                       |  | 12. County                   |                      |  |
| 16.                                   | 777                                     |   |  |                     | ·                     |  | Eddy                         | VIIIIIII             |  |
|                                       | Che                                     | ck Appropriate Box To   | o Indicate Na                          | ture of Notice      | e, Repo               | rt of Oth  | er Data                      |                      |  |
| NOTIC                                 | E O                                     | F INTENTION TO:   | 1                                      |                     | SUBS                  | EQUENT   | REPORT OF:                   |                      |  |
| <del></del>                           | 1                                       |   |  |                     |                       |  |                              |                      |  |
| PERFORM REMEDIAL WORK                 | 1                                       | PLUG AN   | D ABANDON                              | REMEDIAL WORK       |                       |  | ALTERI                       | NG CASING            |  |
| TEMPORARILY ADANDON                   | 1                                       |   |  | COMMENCE DRILLIN    | G OPNS.               |  | PLUG A                       | ND ABANDONMENT       |  |
| PULL OR ALTER CASING                  | j                                       | CHANGE  | PLANS                                  | CASING TEST AND C   | EMENT JOE             |  |                              |                      |  |
|                                       |   |   | <u></u>                                | OTHES               | ·                     |  |                              |                      |  |
| OTHER                                 |   |   |  |                     |                       |  |                              |                      |  |
| 17. Describe Proposed or Cor          | nplete                                  | ed Operations (Clearly state a  | ıll, pertinent detail.                 | s, and give pertine | ent dates,            | including  | estimated date of s          | tarting any proposed |  |
| work) SEE RULE 1103.                  |   | 51 /1   |  |                     |                       |  |                              |                      |  |
| Temporarily                           | aba                                     | andon effective 10  | )-1-7 <b>\$</b> .                      |                     |                       |  | •                            |                      |  |
|                                       |   |   | , .                                    |                     |                       |  |                              |                      |  |
| Hold for ac                           | tive                                    | e secondary recove  | ery project                            | •                   |                       |  |                              |                      |  |
|                                       |   | -   |  |                     |                       |  |                              |                      |  |
|                                       |   |   |  |                     |                       |  |                              |                      |  |
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|                                       |   |   |  |                     |                       |  |                              |                      |  |
|                                       | (                                       | <u></u>   |  |                     |                       |  |                              |                      |  |
| 18. I hereby certify that the in      | Morm                                    | tion above is true and comple   | ete to the best of r                   | ny knowledge and    | belief.               |  |                              |                      |  |
|                                       | 1/1                                     |   |  |                     |                       |  |                              |                      |  |
| SIGNED XX                             | M                                       | - Wilned  | TITLE A                                | uthorized A         | \gent                 | -  | DATE1                        | 0-14-75              |  |
|                                       |   |   |  |                     |                       |  |                              |                      |  |
|                                       |   | 0.  |  | -                   |                       | _  |                              | 107F                 |  |
| APPROVED BY W. C.                     | کھ                                      | resset  |  | PERVISOR, DI        | STRICT                | π  | DATE OCT                     | 29 19/5              |  |
| CONDITIONS OF APPROVAL                | IF                                      | ANY:  |  |                     |                       |  |                              |                      |  |
|                                       |   | ANY: Expires 1  | 0-1-76                                 |                     |                       |  |                              |                      |  |