

NO. OF COPIES REQUIRED	
DISTRIBUTION	
SANTA FE	☒
FILE	☒
U.S.G.S.	☒
LAND OFFICE	☒
OPERATOR	☒

NEW MEXICO OIL CONSERVATION COMMISSION

RECEIVED
MAR 19 1983

O. C. D.
ARTESIA, OFFICE

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.	L-428

SUNDY NOTICES AND REPORTS ON WELLS

DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO RE-ENTER OR RE-DRILL A DIFFERENT RESERVOIR.
USE "APPLICATION FOR PERMIT TO DRILL" (FORM C-101) FOR SUCH PROPOSALS.

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 State "QQ" Com
3. Address of Operator Nine Greenway Plaza, Suite 2700, Houston, Texas 77046	9. Well No. 1
4. Location of Well UNIT LETTER <u>C</u> <u>660</u> FEET FROM THE <u>North</u> LINE AND <u>1980</u> FEET FROM THE <u>West</u> LINE, SECTION <u>17</u> TOWNSHIP <u>23S</u> RANGE <u>27E</u> N.M.P.M.	10. Field and Pool, or Wildcat South Carlsbad Morrow
5. Elevation (Show whether DF, RT, GR, etc.) <u>3178 GL</u>	12. County Eddy

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 OPS. ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐	OTHER ☐	CASING TEST AND CEMENT JOB ☐	OTHER ☐

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.

1/29/83 Instl Tree Saver, 1d & press annl to 1000# w/100 bbl 2% KCl, Dowell acidized Morrow form 11,925-12,056 w/5000 gals 7½ DIFE HCl acid + 119,000 SCF N2 + 20 RCNBS, F1 w/85,000 SCF N2, TTP 3000-4900 w/4500 avg, AIR 3.9 BPM, ISDP 3900 10 min 3800, JC @ 4:00 pm 1/29/83, SI 1½ hrs F1 well to tank overnite, Rel to Prod @ 6:00 am 1/30/83.

1/30-

2/04/83 Swabbed well.

2/05-

08/83 Testing well

3/09/83 Final Prod Test: F O BNO + O BLW + 363 Mcf gas/24 hrs, TP 210, LP 570.

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

SIGNED <u>Paula A. Collins</u>	TITLE <u>Authorized Agent</u>	DATE <u>3/16/83</u>
APPROVED BY _____	TITLE <u>Supervisor District II</u>	DATE <u>MAR 21 1983</u>
CONDITIONS OF APPROVAL, IF ANY:		