NO. OF COPIES RECEIVED	6			Form C-103
DISTRIBUTION				Supersedes Old
SANTA FE	Ī		NEW MEXICO OIL CONSERVATION COMMISSION	C-102 and C-103
FILE	1	~		Effective 1-1-65
U.S.G.S.	15	1	RECEIVE	Sa. Indicate Type of Lease
LAND OFFICE				State XX Fee
OPERATOR	+			5. State Oil & Gas Lease No.
		<u> </u>	JUN 2 1975	
<u> </u>	<u> </u>			L-430
(DO NOT USE THIS FO	ORM FO	NDR	Y NOTICES AND REPORTS ON WELLS	
1.	АРР	LICAT	ION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)	
OIL GAS	. <u>Х</u>	}		7. Unit Agreement Name
2. Name of Operator		l 	OTHER.	
			Look .	8. Farm or Lease Name
Mobil Oil Corpor 3. Address of Operator	atic	on	·	State SS
				9. Well No.
Box 633, Hidland	i, Te	exas	79701	2
4. Location of Well				10. Field and Pool, or Wildcat
UNIT LETTER K	,		1980 FEET FROM THE South LINE AND 1980 FEET FROM	S Canlebad Mormon
			LINE AND FEET FROM	Printer (Suda Puttow
THE West	LINE. 5	SECTIO	N <u>20</u> TOWNSHIP <u>23-S</u> RANGE <u>27-E</u> NMPM.	$\chi$
	, -		RANGE <u>67-L</u> NMPM.	XIIIIIIIIIIIIIIIIIIIIIIIII
	$\overline{U}$	$\Pi$	15. Elevation (Show whether DF, RT, GR, etc.)	12. County
	////	///	3174 GR	Eddy
16.	Che	ck /	Proprieto Por To Laliano Nue (Nui D	
NOT			Appropriate Box To Indicate Nature of Notice, Report or Otl	
NOT	CE U	F IN	SUBSEQUENT	REPORT OF:
_	-1			
PERFORM REMEDIAL WORK	4		PLUG AND ABANDON REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON	4		COMMENCE DRILLING OPNS.	PLUG AND ABANDONMENT
PULL OR ALTER CASING			CHANGE PLANS CASING TEST AND CEMENT JOB	
			otyer Extension of Dri	lling Permit V
OTHER				
17 Describe Dropesed on Co				

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.

Please grant a 90 day extension of the Permit to Drill this Well. Mobil plans to drill this well with the Rig currently Drilling Corral Draw Unit #2. We expect to be drilling State "SS" #2 within the next 30-60 days.

APPROVAL VALID
FOR 90 DAYS UNLESS
POR 90 DATE MENCED,
DRILLING COMMENCE

EXAMPLES 9-2-75

18, I hereby certify that the information above is true	and complete to the best of my knowledge and belief.	
signed AMCh ame	Authorized Agent	DATE <b>5-29-7</b> 5
APPROVED BY N. A. Gresse		JUN 2 1975
CONDITIONS OF APPROVAL, IF ANY	SUPERVISOR, DISTRICT I	DATE