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NEW MEXICO OIL CONSERVATION COMMISSION

OCT 7 11 25 AM '65

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

5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. NM-1182
7. Unit Agreement Name
8. Farm or Lease Name New Mexico "B"
9. Well No. 7
10. Field and Pool, or Wildcat Mescalero San Andres
12. County Lea

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"/>
2. Name of Operator Socony Mobil Oil Company, Inc.
3. Address of Operator Box 1800, Hobbs, New Mexico
4. Location of Well UNIT LETTER <u>H</u> <u>1650</u> FEET FROM THE <u>North</u> LINE AND <u>660</u> FEET FROM THE <u>East</u> LINE, SECTION <u>27</u> TOWNSHIP <u>10-S</u> RANGE <u>32-E</u> NMPM.

15. Elevation (Show whether DF, RT, GR, etc.) 4285

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

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>

SUBSEQUENT REPORT OF:

REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
CASING TEST AND CEMENT JOB <input checked="" 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.

Set 4300' of 4-1/2" OD 10.6# J-55 Casing @ 4300 cemented w/1300 sax Incor Neat + 1/4# floseal + 200 sax Incor Neat. Plug down @ 11:45 A.M. 9-29-65. WOC 48 hours. Est. top cement @ 1500'. Tested w/1500# 30 min. OK.

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

SIGNED E. J. Korman TITLE Group Supervisor DATE 10-6-65

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: