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LAND OFFICE		
OPERATOR		

HEADQUARTERS OF N.M.C.C.
 NEW MEXICO OIL CONSERVATION COMMISSION
 JUN 27 2 24 PM '67

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.
 B-1520

7. Unit Agreement Name

8. Farm or Lease Name
 Bridges State

9. Well No.
 120

10. Field and Pool, or Wildcat
 Undesignated

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 GAS WELL OTHER

2. Name of Operator
 Mobil Oil Corporation

3. Address of Operator
 P. O. Box 633, Midland, Texas 79701

4. Location of Well
 UNIT LETTER N 660 FEET FROM THE South LINE AND 1780 FEET FROM
 THE West LINE, SECTION 13 TOWNSHIP 17-S RANGE 34-E N.M.P.M.

15. Elevation (Show whether DF, RT, GR, etc.)
 4018 GR

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <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.

5-18-67 Ran 162 jts. 9-5/8" 36 and 40# csg, cemented on bottom by Howco w/1800 sks. Incor 6% gel and 100 sks. Incor Neat. Plug down @ 6:30 p.m. 5-17-67, cement did not circulate. Ran Temp Survey, top cement 720. WOC 18 hrs. Nippling up. Test casing 200#/30min./OK. WOC 24 Hrs.

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

SIGNED Original Signed By
Joha J. Hurt TITLE Authorized Agent DATE 6-27-67

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: