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U.S.G.S.
LAND OFFICE
OPERATOR

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-55

5a. Indicate Type of Lease
 State Fee
 5. State Oil & Gas Lease No.
 B-1520

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. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER-	7. Unit Agreement Name
2. Name of Operator Mobil Oil Corporation	8. Firm or Lease Name Bridges State
3. Address of Operator P.O. Box 633, Midland, Texas	9. Well No. 126
4. Location of Well UNIT LETTER <u>J</u> , <u>1930</u> FEET FROM THE <u>South</u> LINE AND <u>1830</u> FEET FROM THE <u>1930</u> LINE, SECTION <u>11</u> TOWNSHIP <u>17-S</u> RANGE <u>34-E</u> N.M.P.M.	10. Field and Pool, or Wellcut Vacuum North Abo
15. Elevation. Show whether DF, RT, GR, etc.) 4040.5 Gr.	12. County Lea

16. 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 type="checkbox"/>	OTHER <input checked="" type="checkbox"/> Put well on Pump

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.

Bridges State Well # 126
 Installed Pumping Unit & Electric Motor and Put Well on Pump 9-15-68

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

SIGNED [Signature] TITLE Authorized Agent DATE 9-25-68

APPROVED BY [Signature] TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: