| NO. OF COPIES RECEIVED   |                  |                         |                                 |   |           | Form C-103                              |  |          |  |
|--|------------------|-------------------------|---------------------------------|---|-----------|---|--|----------|--|
| DISTRIBUTION   | $\neg \neg \neg$ |                         |                                 |   |           | Supersedes O                            | )ld  |          |  |
|  |                  |                         |                                 |   |           | C-102 and C-103                         |  |          |  |
| SANTA FE   |                  | NEWMEX                  | ICO OIL CONS                    | ERVATION COMMISSION                                     |           | Effective 1-1-                          | ·65  |          |  |
| FILE   |                  |                         |                                 |   |           |   |  |          |  |
| U.S.G.S.   |                  |                         |                                 |   |           | 5a. Indicate Type                       | _  |          |  |
| LAND OFFICE  |                  |                         |                                 |   |           | State                                   | Fee.   | XΣ       |  |
| OPERATOR   |                  |                         |                                 |   |           | 5. State Oil & Go                       | as Lease No.   |          |  |
|  | <del></del>      |                         | ٠                               |   |           |   |  |          |  |
|  | SHAIDD           | V NOTICES AND I         | DEDODIE OU                      | WELLS   |           | immi                                    | mmn  | 77       |  |
| (DO NOT USE THIS FOR   | M FOR PRO        | POSALS TO DRILL OR TO   | KEPUK IS UN<br>Deepen or plug e | WELLS<br>MACK TO A DIFFERENT RESERVOIS<br>H PROPOSALS.) | ₹.        |   |  | ///      |  |
| 1.   | -APPLICATE       | ION FOR PERMIT _ " (FOR | M C-101; FOR SUC                | H PROPOSALS.)   |           |   | 77777777   | 777      |  |
| 011 [ ]  |                  |                         |                                 |   |           | 7. Unit Agreemer                        | it Name  |          |  |
| WELL XX WELL   |                  | OTHER-                  |                                 |   |           |   |  |          |  |
| 2. Name of Operator  |                  |                         |                                 |   |           | 8. Farm or Lease Name                   |  |          |  |
| Mobil Cil Corporation  |                  |                         |                                 |   |           | C. L. O'Brien C                         |  |          |  |
| 3. Address of Operator   |                  |                         |                                 |   |           | 9. Well No.                             |  |          |  |
| P. O. Box 633, Midland, Texas 79701  |                  |                         |                                 |   |           | 2                                       |  |          |  |
| 4. Location of Well  |                  |                         |                                 |   |           | 10. Field and Pool, or Wildcat          |  |          |  |
| <i>P</i>   | _                | 40                      | Manakh                          | 440   |           | į.                                      | •  |          |  |
| UNIT LETTER  |                  | FEET FROM T             | HE NOTTO                        | LINE AND660   | FEET FROM | Iwin Lakes                              | San Andres   | <u>;</u> |  |
|  |                  |                         |                                 |   |           | (((((((                                 |  | ///      |  |
| THE West LINE, SECTION 1 TOWNSHIP 9 RANGE 28 NMPM  |                  |                         |                                 |   |           |   |  |          |  |
|  |                  |                         |                                 |   |           |   |  | ///      |  |
|  | 111111           | 15. Elevatio            | on (Show whether                | DF, RT, GR, etc.)                                       |           | 12. County                              | 111111   | 177      |  |
|  | //////           |                         | 3949 (                          | 31  |           | Chaves                                  |  | ///      |  |
| 16.  | ~~~~             | <u> </u>                |                                 |   |           |   | _(1111111)   | 777      |  |
|  |                  |                         | o Indicate N                    | ature of Notice, Repo                                   | rt or Oth | ier Data                                |  |          |  |
| NOTIC  | E OF IN          | ITENTION TO:            |                                 | SUBS  | EQUENT    | REPORT OF:                              |  |          |  |
|  | -                |                         |                                 |   |           |   |  |          |  |
| PERFORM REMEDIAL WORK  |                  | PLUG A                  | ND ABANDON                      | REMEDIAL WORK   |           | ALTER                                   | ING CASING   |          |  |
| TEMPORARILY ASANDON  |                  |                         |                                 | COMMENCE DRILLING OPNS.                                 | Ħ         | PEUG /                                  | AND ABANDONMENT  | Ħ        |  |
| PULL OR ALTER CASING   |                  | CHANGE                  | PLANS                           | CASING TEST AND CEMENT JOS                              |           |   | The Residence of the State of t |          |  |
|  |                  |                         |                                 | OTHER   |           | namy Abanda                             | m d  | X        |  |
|  |                  |                         |                                 | OTHER   | rempor    | Tary Abandon                            | EU   | <u>v</u> |  |
| OTHER  |                  |                         |                                 |   |           |   |  |          |  |
| 17. Describe Proposed or Con   | npleted Op       | erations (Clearly state | all pertinent deta              | ils, and give pertinent dates.                          | including | estimated date of                       | starting any prop  | nsed     |  |
| work) SEE RULE 1103.   |                  |                         | •                               |   |           | ,                                       |  |          |  |
|  |                  |                         |                                 |   |           |   |  |          |  |
| Temporary Ab   | andone           | d: Studying             | for Workov                      | /er.  |           |   |  |          |  |
| -  |                  |                         |                                 |   |           |   |  |          |  |
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| The second secon |                  |                         |                                 |   |           | EIVED                                   |  |          |  |
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|  |                  |                         |                                 |   |           |   |  |          |  |
|  |                  |                         |                                 |   |           |   |  |          |  |
| 18. I hereby certify that the in   | formation        | above is true and comp  | lete to the best of             | of my knowledge and belief.                             |           |   |  |          |  |
| 4  | .1               |                         |                                 |   |           |   |  |          |  |
| 21   | <i>F</i> 1       | t-11.                   |                                 |   |           | 7                                       | 07 30/7  |          |  |
| BIGNED   | 200              | uppo                    | . TITLE                         | Authorized Agent  |           | DATE JULY                               | y 27, 1967   |          |  |
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| APPROVED BY W  | 12               | recell                  | TITLE                           | THE SAND GAS INSPECTO                                   | D.        | A 1 1 2                                 | 19 <b>0</b>  | 3        |  |