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NEW MEXICO OIL CONSERVATION COMMISSION

SEP 17 11 37 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. 6	
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 A 660 FEET FROM THE North LINE AND 660 FEET FROM THE East LINE, SECTION 27 TOWNSHIP 10-S RANGE 32-E NMPM.
15. Elevation (Show whether DF, RT, GR, etc.) 4288

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 4-1/2" 10.5# J-55 Casing @ 4300' w/1400 sx Incon Neat + 1/4#/sx floreal, 1st. 1200 sx.
Plug down 11:45 P.M. 9/14/65 WOC 32 hours. Est. top cement @ 1500'. Test w/1500# 30 min.

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

SIGNED E. J. Kenna TITLE Group Supervisor DATE 9/16/65

APPROVED BY [Signature] TITLE DATE

CONDITIONS OF APPROVAL, IF ANY: