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NEW MEXICO OIL CONSERVATION COMMISSION

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. OG-93	

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 Socony Mobil Oil Company, Inc.		8. Farm or Lease Name State "BB"
3. Address of Operator Box 1800, Hobbs, New Mexico		9. Well No. 3
4. Location of Well UNIT LETTER <u>G</u> <u>2310</u> FEET FROM THE <u>East</u> LINE AND <u>1980</u> FEET FROM THE <u>North</u> LINE, SECTION <u>14</u> TOWNSHIP <u>10-S</u> RANGE <u>32-E</u> N.M.P.M.		10. Field and Pool, or Wildcat Mescalero San Andres
15. Elevation (Show whether DF, RT, GR, etc.) 4323 GL		12. County Lea

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 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 4485' of 4-1/2" J-55 ST&C 9.5# Casing @ 4485' cemented w/300 sax Incor Neat 8#/Sax salt. Plug down 4:00 A.M. 1-9-66. Est. top of cement 3000' WOC 90 hours. Tested casing w/2000# 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 Jan. 13, 1966

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: