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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 ☒ Fee ☐
5. State Oil & Gas Lease No. <u>E-1311</u>
7. Unit Agreement Name
8. Farm or Lease Name <u>New Mexico B</u>
9. Well No. <u>9</u>
10. Field and Pool, or Wildcat <u>Mescalero Dev. area</u>
12. County <u>Lea</u>

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 <u>Mobil Oil Corporation</u>
3. Address of Operator <u>Box 633, Midland, Texas</u>
4. Location of Well UNIT LETTER <u>B</u> , <u>940</u> FEET FROM THE <u>North</u> LINE AND <u>1510</u> FEET FROM THE <u>East</u> LINE, SECTION <u>27</u> TOWNSHIP <u>10-S</u> RANGE <u>32-E</u> NMPM.
15. Elevation (Show whether DF, RT, GR, etc.) <u>4289 GR</u>

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK ☐	PLUG AND ABANDON ☐	REMEDIAL WORK ☐	ALTERING CASING ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPNS. ☒	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐	OTHER ☐	CASING TEST AND CEMENT JOB ☒	

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.

8/12 (1) 450 ND, WOC 12-3/4" csg, red bed, 17 1/2" hole, Spud Mud. 1/2 @ 450, Hondo Drilg Co spudded @ 3:00 p.m. 8/11/73, ran 12 jts 450' 12-3/4" 34.0# 8rd ST&C csg, Howco cmt'd csg on bottom @ 450 w/ 500x Class H cmt w/ 2% CaCl, PD @ 11:15 p.m. 8, 11/73, cmt circ, WOC.

8/13 (2) 1635 drlg red bed & anhy, 11" hole, 3/4 @ 1440, Br Wtr. WOC total 18 hrs, test csg & BOP 500#/ok.

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 8-13-73

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: