

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
OPERATOR		

# NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103  
Supersedes Old  
C-102 and C-103  
Effective 1-1-65

5a. Indicate Type of Lease	
State <input type="checkbox"/>	Fee <input checked="" type="checkbox"/>
5. State Oil & Gas Lease No.	

## 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 <i>Mobil Oil Corporation</i>
3. Address of Operator <i>Box 633, Midland, Texas 79701</i>
4. Location of Well UNIT LETTER <i>0</i> , <i>480</i> FEET FROM THE <i>South</i> LINE AND <i>1650</i> FEET FROM THE <i>East</i> LINE, SECTION <i>23</i> TOWNSHIP <i>14-S</i> RANGE <i>37-E</i> NMPM.

7. Unit Agreement Name
8. Farm or Lease Name <i>Denton North Wolfcamp Unit, Tract 19</i>
9. Well No. <i>9</i>
10. Field and Pool, or Wildcat <i>Denton North Wolfcamp</i>
12. County <i>Lea</i>

15. Elevation (Show whether DF, RT, GR, etc.)

*3814 GR.*

## 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"/>
TEMPORARILY ABANDON <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>
OTHER <input type="checkbox"/>

PLUG AND ABANDON <input type="checkbox"/>
CHANGE PLANS <input type="checkbox"/>
OTHER <input type="checkbox"/>

REMEDIAL WORK <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>
CASING TEST AND CEMENT JOBS <input type="checkbox"/>
OTHER <i>Well Status</i> <input checked="" type="checkbox"/>

ALTERING CASING <input type="checkbox"/>
PLUG AND ABANDONMENT <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.

*3-23-71 Set pumping unit and start well to pumping. Well has been Temp. abd.  
Unit set due to waterflood response in this well.*

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

SIGNED *C. J. Miller*

TITLE *Authorized Agent*

DATE *4-14-71*

APPROVED BY *[Signature]*  
CONDITIONS OF APPROVAL, IF ANY:

TITLE *SUPERVISOR DISTRICT*

DATE *APR 16 1971*

IVED

APR 15 1971

OIL CONSERVATION COMM.  
HOBBS, N. M.