OLOF COPIES RECEIVED DISTRIBUTION SANTA FE NEW MEXICO OIL CONSERVATION COMMISSION FILE	Form C-103 Supersedes Old C-102 and C-103 Effective 1-1-65		
U.S.G.S. LAND OFFICE OPERATOR	5a. Indicate Type of Lease State Fee. X 5. State Oil & Gas Lease No.		
SUNDRY NOTICES AND REPORTS ON WELLS (GO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OF PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT -" (FORM C-101 FOR SUCH PROPOSALS.)	7. Unit Agreement Name		
OIL XX GAS WELL XX WELL OTHER. 2. Name of Operator Mobil Oil Corporation	8. Furm or Lease Name T. D. Pope		
3. Address of Operator	9. Well No.		
Box 633, Midland, Texas 79701	9		
4. Location of Well UNIT LETTER N 660 FEET FROM THE South LINE AND 1980 FEET FROM	10. Field and Pool, or Wildcat Denton Devonian		
THE West LINE, SECTION 26 TOWNSHIP 14-S RANGE 37-E NMPM.			
15. Elevation (Show whether DF, RT, GR, etc.)	12. County Lea		
16. Check Appropriate Box To Indicate Nature of Notice, Report or Oth NOTICE OF INTENTION TO: SUBSEQUENT	er Data REPORT OF:		
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK	ALTERING CASING		
PULL OR ALTER CASING CHANGE PLANS CASING TEST AND CEMENT JOB			
OTHER			
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. Temporarily abandon effective 10-1-75.			
	ondary		
Temporarily abandon effective 10-1-75. The subject well is included in the proposed unit area for a sec	ondary		
Temporarily abandon effective 10-1-75. The subject well is included in the proposed unit area for a sec	ondary		
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Temporarily abandon effective 10-1-75. The subject well is included in the proposed unit area for a sec recovery project, Denton Devonian Unit.	ondary 0 10- 1- 76		
Temporarily abandon effective 10-1-75. The subject well is included in the proposed unit area for a sec recovery project, Denton Devonian Unit.			
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Temporarily abandon effective 10-1-75. The subject well is included in the proposed unit area for a sec recovery project, Denton Devonian Unit. Mark			
Temporarily abandon effective 10-1-75. The subject well is included in the proposed unit area for a sec recovery project, Denton Devonian Unit. Magnet 18. I hereby certify that the information above is true and complete to the best of my knowledge and belief. Authorized Agent	0 10- 1- 76 10-14-75		

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NO. OF COPIES RECEIVED		Form C-103
DISTRIBUTION		Supersedes Old
SANTA FE	NEW MEXICO OIL CONSERVATION COMMIS	C-102 and C-103 SION Effective 1-1-65
FILE		
U.S.3.S.		5a. Indicate Type of Lease
LAND OFFICE		State Fee X
OPERATOR		5. State Oil & Gas Lease No.
	NDRY NOTICES AND REPORTS ON WELLS R PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT REI LICATION FOR PERMIT - " (FORM C-101) FOR SUCH PROPOSALS.)	
1. OIL GAS WELL	OTHER-	7. Unit Agreement Name
2. Name of Operator		8. Farm or Lease Name
Mobil Oil Corpo	ration	T. D. Pope
3. Address of Operator	······································	9. Well No.
Box 633, Midlan	d, Texas 79701	9
4, Location of #ell		10. Field and Pool, or Wildcat
UNIT LETTER N	660 FEET FROM THE South LINE AND 1980	FEET FROM Denton Devonian
THE West LINE, S	TOWNSHIP 14-S RANGE 37-1	<u>з</u> ммрм.
	15. Elevation (Show whether DF, RT, GR, etc.)	12. County Lea
^{16.} Che	ck Appropriate Box To Indicate Nature of Notice,	Report or Other Data
		SUBSEQUENT REPORT OF:
PERFORM REMUDIAL WORK	PLUG AND ABANDON REMEDIAL WORK COMMENCE DRILLING C CHANGE PLANS CASING TEST AND CEM	
OTHER		
17 Describe Proposed of Complete	ed Operations (Clearly state all pertinent details, and give pertinent	dates including estimated date of starting and and

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.

Temp. Abandon effective 11-1-74

The subject well is included in the proposed unit area for a secondary recovery project, Denton Devonian Unit.

Letres	10/1/75
que	

		B. I hereby certify that the information above is true and complete to the best of my knowledge and belief.						
()	4-74	10-14-74	DATE	TITLE _Authorized Agent) limel	MED		SIGNED
APPROVED BY DATE DATE			DATE	TITLE		Û	0	APPROVED BY