NO. OF COPIES RECEIVED	•	Form C-103
DISTRIBUTION		Supersedes Old C-102 and C-103
SANTA FE	NEW MEXICO OIL CONSERVATION COMMISSION	Effective 1-1-65
FILE		
U.S.G.S.	•	5a. Indicate Type of Lease
LAND OFFICE		State Fee XX
OPERATOR		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.)		
OIL X GAS WELL X	OTHER-	7. Unit Agreement Name
2. Name of Operator  Mobil Oil Corporation		B. Farm or Lease Name Tract 6 Denton North Wolfcamp Uni
3. Address of Operator Box 633, Midland, To	exas 79701 .	9, Well No. 24
4, Location of Well		10. Field and Pool, or Wildcat
UNIT LETTER P	660 FEET FROM THE SOUTH LINE AND 460 FEET P	Denton Wolfcamp
THE East LINE, SECTION	on 26 TOWNSHIP 14-S RANGE 37-E	MPM.
	15. Elevation (Show whether DF, RT, GR, etc.) 3810 DF	12. County Lea
16. Charle		
	Appropriate Box To Indicate Nature of Notice, Report or SUBSEQU	ENT REPORT OF:
	51.05 1.05 1.20 1.20 1.20 1.20 1.20 1.20 1.20 1.20	
PERFORM REMEDIAL WORK	PLUG AND ABANDON REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON X	COMMENCE DRILLING OPNS.	PLUG AND ABANDONMENT
PULL OR ALTER CASING	CHANGE PLANS CASING TEST AND CEMENT JQB	
	OTHER	
OTHER	——————————————————————————————————————	
17. Describe Proposed or Completed Opwork) SEE RULE 1103.	perations (Clearly state all pertinent details, and give pertinent dates, inclu	ding estimated date of starting any proposed
Temp. abandon effec	tive 11-1-74.	
•		
Hold pending geolog	ical study for rearranging water flood patter	rn.
	•	
	<b>Y</b> .	
	Expires 10/1	1, /70
	(12/202) ///	///ఎ
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	, 0	
18. I hereby certify that the information	above is tree and complete to the best of my knowledge and belief.	
Ish Mak	10:1	
SIGNED TO THE	2 Mm TITLE Authorized Agent	DATE 10-14-74
<u> </u>	Orig. Signed by	19 (1 ) (1 ) (1 ) (1 ) (1 ) (1 ) (1 ) (1
7 0	Joe D. Ramey	· · · · · · · · · · · · · · · · · · ·
A B B B B B B B B B B B B B B B B B B B	JON 27 INCHANCY	DAYE

CONDITIONS OF APPROVAL, IF ANY: