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NEW MEXICO OIL CONSERVATION COMMISSION

JUL 1 2 42 PM '66

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"/>	7. Unit Agreement Name
2. Name of Operator Mobil Oil Corporation	8. Farm or Lease Name J. C. Maxwell
3. Address of Operator P.O. Box 633, Midland, Texas	9. Well No. 3
4. Location of Well UNIT LETTER I , 660 FEET FROM THE East LINE AND 1980 FEET FROM THE South LINE, SECTION 27 TOWNSHIP 14S RANGE 37E NMPM.	10. Field and Pool, or Wildcat Denton Devonian
15. Elevation (Show whether DF, RT, GR, etc.) 3821 GR	12. County LEA

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"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>
OTHER <input type="checkbox"/>	OTHER Temporarily Abandoned <input checked="" 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.

Studying for workover

COMMISSIONER OF THE NEW MEXICO OIL CONSERVATION COMMISSION
THIRTY DAYS
FROM THE DATE OF RECEIPT OF THIS NOTICE
TO THE WELL
OWNER TO PREPARE PLANS FOR THE WELL

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.		
SIGNED <u><i>[Signature]</i></u>	TITLE Producing Foreman	DATE 6/30/66
APPROVED BY _____	TITLE _____	DATE _____
CONDITIONS OF APPROVAL, IF ANY:		