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NEW MEXICO OIL CONSERVATION COMMISSION

JUL 22 11 50 AM '65

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 SOCONY MOBIL OIL COMPANY, INC. | | 8. Farm or Lease Name J. C. Maxwell | |
| 3. Address of Operator P. O. Box 1800, Hobbs, New Mexico | | 9. Well No. 5 | |
| 4. Location of Well UNIT LETTER <u>H</u> , <u>2310</u> FEET FROM THE <u>North</u> LINE AND <u>330</u> FEET FROM THE <u>East</u> LINE, SECTION <u>27</u> TOWNSHIP <u>14S</u> RANGE <u>37E</u> NMPM. | | 10. Field and Pool, or Wildcat Denton Devonian | |
| 15. Elevation (Show whether DF, RT, GR, etc.) 3855 DF | | 12. County Lea | |

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"/> | PLUG AND ABANDON <input type="checkbox"/> | REMEDIAL WORK <input type="checkbox"/> | ALTERING CASING <input type="checkbox"/> |
| TEMPORARILY ABANDON <input type="checkbox"/> | CHANGE PLANS <input type="checkbox"/> | COMMENCE DRILLING OPNS. <input type="checkbox"/> | PLUG AND ABANDONMENT <input type="checkbox"/> |
| PULL OR ALTER CASING <input type="checkbox"/> | OTHER <input type="checkbox"/> | CASING TEST AND CEMENT JOBS <input type="checkbox"/> | OTHER <input checked="" type="checkbox"/> Temporarily Abandoned |

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.

TD 12,651

Studying for workover.

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

SIGNED E. J. Kennon TITLE Group Supervisor DATE 7-1-65

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: