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LAND OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

SEP 3 11 53 AM '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"/>
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5. State Oil & Gas Lease No.

7. Unit Agreement Name

8. Farm or Lease Name
Denton North Wolfcamp
Unit Tract 2

9. Well No.

10. Field and Pool, or Wildcat
Denton Wolfcamp

12. County
LEA

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 ☒ GAS WELL ☐ OTHER ☐

2. Name of Operator
Mobil Oil Corporation

3. Address of Operator
Box 633, Midland, Texas

4. Location of Well
UNIT LETTER H, 1980 FEET FROM THE North LINE AND 660 FEET FROM
THE East LINE, SECTION 34 TOWNSHIP 14S RANGE 37E NMPM.

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

3825 DF

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 <u>Temporary Abandoned</u> <input checked="" type="checkbox"/>
PLUG AND ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
CHANGE PLANS <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.

Held for Secondary Recovery

THE COMMISSION MUST BE NOTIFIED
THAT THE WELL IS BEING
ABANDONED FOR THE
REASON FOR THE

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

SIGNED A.A. Payne TITLE Authorized Agent DATE 9/1/66

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: