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LAND OFFICE		
OPERATOR		

NEW MEXICO OIL CONSERVATION COMMISSION
 DEEDS OFFICE O. C. C.

Form C-103
 Supersedes Old
 C-102 and C-103
 Effective 1-1-65

Jul 28 11 45 AM '67

5a. Indicate Type of Lease
 State Fee

5. State Oil & Gas Lease No.

7. Unit Agreement Name

8. Farm or Lease Name Denton
 North Wolfcamp Unit Tr. 5

9. Well No.
 7

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
 P. O. Box 633, Midland, Texas

4. Location of Well
 UNIT LETTER N, 330 FEET FROM THE South LINE AND 2310 FEET FROM
 THE West LINE, SECTION 35 TOWNSHIP 14-S RANGE 37-E NMPM.

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

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 JOB <input type="checkbox"/>	Temporary 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.

Temporary Abandoned: Held for Secondary Recovery

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

SIGNED B. J. Stubbbs TITLE Authorized Agent DATE July 27, 1967

APPROVED BY [Signature] TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: