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U.S.G.S.

LAND OFFICE

OPERATOR

NEW MEXICO OIL CONSERVATION COMMISSION

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

5a. Indicate Type of Lease

State ☐Fee ☒

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 GAS ☐ WELL OTHER- ☐

2. Name of Operator

Mobil Oil Corporation

3. Address of Operator

Three Greenway Plaza East- Suite 800; Houston, TX 77046

4. Location of Well

UNIT LETTER K, 1980 FEET FROM THE South LINE AND 2130 FEET FROMTHE West LINE, SECTION 35 TOWNSHIP 14-S RANGE 37-E NMPM.

7. Unit Agreement Name

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

9. Well No.

10

10. Field and Pool, or Wildcat

Denton Wolfcamp

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

3808 GR

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 ☐PLUG AND ABANDON ☐REMEDIAL WORK ☐ALTERING CASING ☐TEMPORARILY ABANDON ☐COMMENCE DRILLING OPNS. ☐PLUG AND ABANDONMENT ☐PULL OR ALTER CASING ☐CHANGE PLANS ☐CASING TEST AND CEMENT JOB ☐OTHER Convert well to water injection well ☒

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.

- Clean out to TD of 9280' w/bit and casing scraper.
- Log interval from 8280' to 9280' with Gamma Ray Neutron Tool.
- Set treating packer @ 9140' on 2-3/8" workstring and acidize the Wolfcamp open hole, 9160' - 9280'.
- Shut-in Well for 8 - 12 hours and then flush with 10,000 Gal Treated Fresh Water containing 2 Gal/1000 Adomall.
- Pull Treating Equipment and run injection tubing and pkr to 9100' +.
- Load the Annulus w/fresh water containing 10 Gal/1000 Corrosion Inhibitor.
- Put well on injection.
- Run tracer survey when injection stabilizes.

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

SIGNED [Signature]TITLE Authorized AgentDATE 1-13-77

APPROVED BY _____

TITLE _____

DATE JAN 20 1977

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

JAN 1 1977

OFFICE OF THE ATTORNEY GENERAL
ROBBES, N. M.