

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
OPERATOR		

HOBBS OFFICE B.O.P.  
NEW MEXICO OIL CONSERVATION COMMISSION

FEB 14 11 39 AM '67

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. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER-		7. Unit Agreement Name
2. Name of Operator Mobil Oil Corporation		8. Farm or Lease Name Denton North Wolfcamp Unit Tract 5
3. Address of Operator P.O. Box 633		9. Well No. 12
4. Location of Well UNIT LETTER <u>E</u> <u>1980</u> FEET FROM THE <u>North</u> LINE AND <u>810</u> FEET FROM THE <u>West</u> LINE, SECTION <u>35</u> TOWNSHIP <u>14S</u> RANGE <u>37E</u> NMPM.		10. Field and Pool, or Wildcat Denton Wolfcamp
15. Elevation (Show whether DF, RT, GR, etc.)		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"/>	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 <u>Well Status</u> <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.

1/29/67 - Installed artificial lift.

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

SIGNED John J. Hurd TITLE Authorized Agent DATE February 13, 1967

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

APPROVED BY G. H. C. Smith