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NEW MEXICO OIL CONSERVATION COMMISSION, C. C.

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

FEB 22 1 19 PM '67

5a. Indicate Type of Lease	
State <input type="checkbox"/>	Fee <input checked="" type="checkbox"/>
5. State Oil & Gas Lease No.	
7. Unit Agreement Name	
8. Farm or Lease Name T D Pope	
9. Well No. 21	
10. Field and Pool, or Wildcat Denton Devonian	
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.)

OIL WELL ☒ GAS WELL ☐ OTHER ☐

Name of Operator  
Mobil Oil Corporation

Address of Operator  
P.O. Box 633, Midland, Texas

Location of Well  
UNIT LETTER A 660 FEET FROM THE North LINE AND 660 FEET FROM  
THE East LINE, SECTION 35 TOWNSHIP 14S RANGE 37E NMPM.

15. Elevation (Show whether DF, RT, GR, etc.)  
3806 GR

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"/>
NULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER <u>Well Status</u> <input checked="" type="checkbox"/>

7. 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.

1/26/67 Installed Sub-surface hydraulic pump.

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

APPROVED BY 71-C. Payne TITLE Authorized Agent DATE February 20, 1967

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

CONDITIONS OF APPROVAL, IF ANY:

APPROVED BY \_\_\_\_\_