ENEMBY AND PRINCHARD DEPARTMENT					
un, er Carico Acceives	CONSE	RVAT	TION DIVISIO		• • • • • •
DISTRIBUTION	P. O. BOX 2088				Form C-103 * Revised 10-1-7
SANTA FE	SANTA FE, NEW MEXICO'87501				- KENISEG 10-1-7
FILE				Sa Indicate	Type of Lease
U.S.O.S.				1 –	- · ·
LAND OFFICE				State	Fee X
GPERATOR				5. State Oil	6 Gas Lease No.
Torking.					
					mmm
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL ON TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)					
1.				7. Unit Agre	ement Name
SIL X SAS	OTHER-				
	OTREA-			8 Form or 1	ages Name
2. Name of Operator					. Wolfcamp Ut.
Mobil Producing TX & NM Inc					Tr. 7
3. Address of Operator					
9 Greenway Plaza, Ste 2700, Houston, TX 77046					11
				10 F(e)d on	ad Pool, or Wildcat
4. Location of Well					•
UNIT LETTER 510 FEET FROM THE North LINE AND 330 FEET FROM				Denton	Wolfcamp
West	36 TOWNSHIP	149	375	MIIII	
THE LINE, SECTION	TOWNSHIP	173	RANGE	— имрм. <i>[[[[]]</i>	
mmmmm			e pe ce		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
15. Elevation (Show whether DF, RT, GR, etc.) GL 3806'				12. County	
				Lea	
16. Chaol: Ann	esprists Pay To Indi	nata Na	ature of Notice, Report	on Other Date	
		cate Na	=		
NOTICE OF INTE	ENTION TO:	1	SUBSE	QUENT REPORT	OF:
PERFORM REMEDIAL WORK	PLUG AND ABAND	on	REMEDIAL WORK		LITERING CASING
一			COMMENCE DRILLING OPHS.	Ħ.	LUG AND ABANDONMENT
TEMPORARILY ABANDON				<u> </u>	COC AND ABANDONMENT
PULL OR ALTER CASING	CHANGE PLANS		CASING TEST AND CEMENT JOB		_
**			OTHER		
Temporarily Abandon	pending workover				
17. Describe Proposed or Completed Operat	tions (Clearly state all pertir	nent deta	ils, and give pertinent dates, i	including estimated dat	e of starting any propose
work) SEE RULE 1103.					
This well was shut in	11_1_84				
THIS WELL WAS SHUT III	11-1-04.				
Request authority to well until a workover estimated date for pl	is performed and	the w	vell is returned to	production.	n this The
•					
			•		
				•	
·					
	-				
	•				•
18. I hereby certify that the information abo				- 	
18. I hereby certify that the information abo	ve is true and complete to th	ne pest of	my knowledge and belief.		
1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	<u> </u>	_			
MANGEL 80	WD	Aut	chorized Agent		2-22-85
SIGNED		. E	· · · · · · · · · · · · · · · · · · ·	DATE	

DISTRICT 1 SUPERVISOR

DATE FEE 2 5 1000

CONDITIONS OF APPROVAL, IF ANY