NO. OF COPIES RECEIVE	NO. OF COPIES RECEIVED						Form C-103	
DISTRIBUTION							Supersedes Old	
SANTA FE	NEW MEXICO OIL CONSERVATION COMMISSION					C+102 and C- Effective 1-1		
FILE								
U.S.G.S.						5a. Indicate Typ	e of Lease	
LAND OFFICE						State X	Fee	
OPERATOR						5, State Oil & G	i	
						B-1520		
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.)							7. Unit Agreement Name	
	GAS WELL	OTHER-						
2. Name of Cyerator							e Name	
Mobil Oil Corporation							Bridges-State	
S. Address of Operator							9. Well No.	
P. O. Box 633, Midland, Texas 79701							86	
4. Location of Well								
UNIT LETTER P , 330 FEET FROM THE SOUTH LINE AND 330 FEET FROM						W Vac-G-S	Vac-G-SA	
F +		2		17 C	24 E			
THE Edst	LINE, SECTIO	, _N 3	TOWNSHIP	17-3	RANGE 34-E NMP	~ <i>(</i>		
15. Elevation (Show whether DF, RT, GR, etc.)						12, County	, 444444	
4056 GR								
$\frac{1}{16}$.	Charle	Appendicts	Par To India	nata N	ature of Notice Pepert of O	the Data		
No		Appropriate		ale N	ature of Notice, Report or O	THE DATA	•	
NC	TICE OF IN	. LENTION I	0.		308320021	VI KEFORT OF	•	
PERFORM REMEDIAL WORK	. \square		PLUG AND ABANDO	, []	REMEDIAL WORK	ALTE	RING CASING	
TEMPORARILY ABANDON	Ħ				COMMENCE DRILLING OPNS.	PLUG	AND ABANDONMENT	
PULL OR ALTER CASING	Ħ		CHANGE PLANS		CASING TEST AND CEMENT JOB			
					other Abandon Zone		X	
OTHER				$_{-}\square$				
								
17. Describe Proposed of work) SEE RULE 11		erations (Clear)	ly state all pertin	ent aeta	ils, and give pertinent dates, includir	ig estimated date of	starting any proposed	
			- .		0 0 11 73			
P&A San	Andres Oi	I Zone & 1	recomplete	as a	Queen Gas Well			
4 0 76	Dan Howas	E 1/2 000	mont votair		n 2 3/9 tha sot 0 1620	tosted cso	1	
4-9-76 Ran Howco 5-1/2 cement retainer on 2-3/8 tbg set @ 4620, tested csq								
above retainer w/1800# OK, tested tbg to 5000# OK, Howco squeezed OH 4691-4753 w/100 sx Class "H" cmt containing 6# salt per sx, TP 3500#								
pulled out of retainer reversed out.								
parion out or resumer refered out								
							•	
							•	
				* **				
		•						
18, I hereby certify that	the information	above is true a	nd complete to th	e best o	f my knowledge and belief.			
Ω_{I} .	/	1						
SIGNED Muite	uc C. A	cher	TITL	E_AU	thorized Agent	DATE5-	-5-76	
		Orla Samed	by					
		Parry Samble				1. 1 4 1	- <u>1</u> 78	

CONDITIONS OF APPROVAL, IF ANY: