

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

HOBBS OFFICE O. O. C.  
NEW MEXICO OIL CONSERVATION COMMISSION

FEB 11 11 49 AM '66

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

5a. Indicate Type of Lease	
State <input checked="" type="checkbox"/>	Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. B-E-1251	

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- <input type="checkbox"/>		7. Unit Agreement Name
2. Name of Operator SOCONY MOBIL OIL COMPANY, INC.		8. Farm or Lease Name State X
3. Address of Operator P. O. Box 1800, Hobbs, New Mexico		9. Well No. 4
4. Location of Well UNIT LETTER <u>B</u> , <u>660</u> FEET FROM THE <u>North</u> LINE AND <u>1980</u> FEET FROM THE <u>East</u> LINE, SECTION <u>7</u> TOWNSHIP <u>17S</u> RANGE <u>34E</u> NMPM.		10. Field and Pool, or Wildcat Vacuum (G-SA)
15. Elevation (Show whether DF, RT, GR, etc.) 4122 GR		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"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>
OTHER <input type="checkbox"/>	OTHER <u>Temporarily Abandoned</u> <input checked="" type="checkbox"/>
PLUG AND ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
CHANGE PLANS <input type="checkbox"/>	PLUG AND ABANDONMENT <input 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.

TD 4703'

Studying for workover.

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

SIGNED E. J. Kannon TITLE Group Supervisor DATE 1-1-66

APPROVED BY  TITLE  DATE

CONDITIONS OF APPROVAL, IF ANY: