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# NEW MEXICO OIL CONSERVATION COMMISSION

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-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.)

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 <del>State</del> Bridges 5/16
3. Address of Operator P. O. Box 1800, Hobbs, New Mexico	9. Well No. 31
4. Location of Well UNIT LETTER <u>N</u> <u>660</u> FEET FROM THE <u>South</u> LINE AND <u>1920</u> FEET FROM THE <u>West</u> LINE, SECTION <u>11</u> TOWNSHIP <u>17S</u> RANGE <u>34E</u> NMPM.	10. Field and Pool, or Willicat Vacuum (G-SA)
15. Elevation (Show whether DF, RT, GR, etc.) 4056 GR	12. County Lea

## Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

### NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>

### SUBSEQUENT REPORT OF:

REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER <input checked="" type="checkbox"/> Temporarily Abandoned

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 4735<sup>9</sup>

PB 4686<sup>9</sup>

Studying for possible workover.

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

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

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

CONDITIONS OF APPROVAL, IF ANY: