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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 ☒ Fee ☐
5. State Oil & Gas Lease No.
B-1520

SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR REEVALUATE OR TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT TO DRILL" FORM C-101 FOR SUCH PROPOSALS.)

1. ☒ OIL WELL ☐ GAS WELL ☐ OTHER-
Name of Operator
Oil Oil Corporation
Address of Operator
Box 633, Midland, Texas 79701
Location of Well
INITIAL LETTER N 660 FEET FROM THE S LINE AND 1920 FEET FROM
THE W LINE, SECTION 13 TOWNSHIP 17-N RANGE 34-E NMPM.

7. Unit Agreement Name
8. Farm or Lease Name
Bridges State
9. Well No.
9
10. Field and Pool, or Wildcat
Vac-Grayburg-SA
12. County
Lea

11. Elevation (Show whether OF, RT, GR, etc.)
4029 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"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>	OTHER <input checked="" 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 1703.

Installed identified risers and surface valves on outlet of all unexposed casing strings.

Installation was inspected and approved by NMOOC personnel

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

Original Signed by:
(Mrs.) Christine O. Tucker

SIGNED _____ TITLE Authorized Agent DATE 5-26-76

APPROVED BY _____ TITLE _____ DATE JUN 3 1976
CONDITIONS OF APPROVAL, IF ANY: