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NEW MEXICO OIL CONSERVATION COMMISSION

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

Form ... 12 PM '67

5a. Indicate Type of Lease: State [X] 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 TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL [ ] GAS WELL [ ] OTHER- WIW

7. Unit Agreement Name

2. Name of Operator: Mobil Oil Corporation

8. Farm or Lease Name: Bridges State

3. Address of Operator: P. O. Box #633, Midland, Texas 79701

9. Well No. 40

4. Location of Well: UNIT LETTER A, 660 FEET FROM THE North LINE AND 660 FEET FROM THE East LINE, SECTION 14 TOWNSHIP T-17S RANGE R-34E NMPM.

10. Field and Pool, or Wildcat: Vacuum Grbg SA

15. Elevation (Show whether DF, RT, GR, etc.): 4038 GR

12. County: Lea

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

NOTICE OF INTENTION TO:

- PERFORM REMEDIAL WORK [ ]
- PLUG AND ABANDON [ ]
- TEMPORARILY ABANDON [ ]
- PULL OR ALTER CASING [ ]
- CHANGE PLANS [ ]
- OTHER [ ]

SUBSEQUENT REPORT OF:

- REMEDIAL WORK [ ]
- ALTERING CASING [ ]
- COMMENCE DRILLING OPNS. [ ]
- PLUG AND ABANDONMENT [ ]
- CASING TEST AND CEMENT JOB [ ]
- OTHER Convert Oil well to WIW [X]

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.

4755 TD. 7" csg 4400 SA OH zone 4400-4755.

4/10/67. MIRU Baber Well Serv DD Unit. Pull rods and tbg. Ran 7" csg scraper to 4400. Ran 3½ SP, CO 4600-4755. Ran plastic coated Johnston tension pkr on 140 jts - 2-7/8 CL tubing. Set pkr at 4344 w/ 10000# tension. Released unit at 6:00 PM 4/12/67 ready for injection.

APPROVED

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

SIGNED [signature] TITLE Authorized Agent DATE 4/18/67

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: