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NEW MEXICO O L CONSERVATION COMMISSION

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

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" FOR SUCH PROPOSALS.

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

7. Unit Agreement Name

2. Name of Operator
Mobil Oil Corporation

8. Farm or Lease Name
Bridges State

3. Address of Operator
Box 633, Midland, Texas 79701

9. Well No.
67

4. Location of Well
UNIT LETTER L, 1980 FEET FROM THE ~~South~~ LINE AND ~~660~~ FEET FROM THE LINE, SECTION 14, TOWNSHIP 17-S, RANGE 34-E, NMPM.

10. Field and Pool, or Wildcat
Vac-G-SA

15. Elevation (Show whether DF, RT, GR, etc.)
4051 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 [ ] | PLUG AND ABANDON [X] | REMEDIAL WORK [ ] | ALTERING CASING [ ] |
| TEMPORARILY ABANDON [ ] | | COMMENCE DRILLING OPNS. [ ] | PLUG AND ABANDONMENT [ ] |
| PULL OR ALTER CASING [ ] | CHANGE PLANS [ ] | CASING TEST AND CEMENT JOB [ ] | |
| OTHER [ ] | | OTHER [ ] | |

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.

Run tubing w/ a retainer. Set retainer at 4350' and squeeze the open hole w/200 sx of cement.
Circulate hole to mud laden fluid - Mud should consist of 25# of gel per barrel of water.
Cut off 5½" casing and pull - set 100' cement plug in and out of cut off point.
Set 100' cement plug in and out of 10-3/4" surface casing from 773' to 873'
Spot 10 sx of cement plug at surface.

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

SIGNED Christine O. Tucker TITLE Proration Clerk DATE 4-19-74

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: