NO. OF COMICS PECEIVE	0	<u> </u>			Form C-103	
DISTRIBUTION]			Supersedes	
SANTA FE		NEV	MEXICO OIL COL	ISERVATION COMMISSION	C-102 and C Effective 1-1	
FILE]			with the	1-03
U.S.G.S.					Sa. Indicate Typ	o of Leaso
LAND OFFICE]			State X	Fee
OPERATOR		1			S. Stote Cil & C	·
		•			B-1520	
{00 NOT USE THIS	SUNDR	RY NOTICES A	AD REPORTS OF	N WELLS HACK TO A DIFFERENT RESERVOIR THE PACKAGES IS SEE		
i.	.43		() (Cite is to Cite is	THE PERCENTAGE	7. Unit Agreen.c	nt flume
2. Name of Operator	WELL L	DTHER-				
-	6. Farm of Leas	6. Farm of Lease Name				
Mobil Product	Bridges St	Bridges State				
•	9. Well No.					
9 Greenway Pl	laza, Suli	te 2/00, Ho	uston, TX 770	46	120	
4. Lecation of Well					10. Field and 1'c	ool, or Wildeat
UNIT LETTERN	660	0 FEET F	RCM THE South	LINE AND 1780	Vacuum Mic	idle Penn
					7777777	
West	LINE. SECTIO	13	175	34E		
			I ONTROHIP	RANGE	- NMPM.	
	<u>ilillili</u>	15. El	evetion (Show whethe	DF, RT, GR, etc.)	12, County	
				, , , , , , , , , , , , , , , , , , , ,	Lea	
16.		17777	71 7 11			_7///////
	Check /	Appropriate B	ox to Indicate I	Nature of Notice, Report		
NOT	TICE OF IN	ITENTION TO	:	S UBSE	QUENT REPORT OF:	
	<u></u>					
PERFORM REMEDIAL WORK		•	LUG AND ABANDON	REMEDIAL WORK	ALIER	ING CASING
TEMPORARILY ABANDON				COMMENCE DRILLING OPHS.	L_J .	LED ABANDONMENT
PULL OR ALTER CASING		c	HANGE PLANS	CASING TEST AND CEMENT JOB		CED ASSUDDMENT [
				OTHER Temporaril		· 5
DYHER						<u> </u>
				į ·		
17. Describe Proposed of (work) SEE RULE 110:	Completed Ope	erations (Clearly)	state all pertinent det	ails, and give pertinent dates, i	neluding estimated date of :	starting any propose
4 may 522 moze 110.	.					
m						
To report Mid	dle Penn.	zone Tempo	rarily Abando	ned 2-1-83. Unecono	mical to produce	
Well continue:	s to prod	uce from th	e Vacuum Uppe	r Penn Completion On	1	
	•		· · · · · · · · · · · · · · · · · · ·	remi completion on	Ty.	
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	·					
. I hereby certify that the	information at	pove la true and c	omplete to the best o	f my knowledge and belief.	••••••••••••••••••••••••••••••••••••••	
. I hereby certify that the	information at	pove la true and c	omplete to the best o	f my knowledge and belief.		
. I hereby certify that the	Information 45	bove is true and c				
. Thereby certify that the	information at	bove is true and c		of my knowledge and belief. Suthorized Agent	DATE 2-24	83
Laula a	L. Col	lina	YIYLEA		DATE2-24	-83
en Paula a	L. Col	bove is true and c	YIYLEA		DATE 2-24	

DISTRICT + SUPERVISOR

CONDITIONS OF APPROVAL, IF ANYI