NO. OF COPIES RECEIVED			Form C-193
DISTRIBUTION			Supersedes Old
SANTA FE	NEW MEXICO OIL CONS	ERVATION COMMISSION	G-102 and G-103 Effective 14-55
FILE		(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	
U.S.G.S.		$M \in \mathbb{R}^{n}$	5a. Indicate Type of Lease
LAND OFFICE		1/35 3/	State X Fee
OPERATOR			5. State Oil & Gan Lease No.
			B-1520
SUNDRY	NOTICES AND REPORTS ON TO DELLE ON FOR PERMIT - " (FORM C-101) FOR PERMIT - "	WELLS	
	ON FOR PERMIT - " (FORM C-101) FOR SUC	ACK TO A DIFFERENT RESERVOIR. H PROPOSALS.)	
l.			7. Unit Agreement Name
WELL WELL  2. Name of Operator	OTHER.		
			8. Firm or Lease Name
Mobil 011 Corporation  3. Address of Operator			Bridges State
			9. Well No.
P. O. Box 633, Midland, Texas 79701  4. Location of Well			121
			10. Field and Pool, or Wildcat
UNIT LETTER L 183	30 FEET FROM THE South	LINE AND FEET	FROM Undesignated
•••	4.0		
THE WEST LINE, SECTION	13 TOWNSHIP 17-S	RANGEN	MPM.
minimizini di salamini di sala	15, Elevation (Show whether	DE DT CH	
		Dr, KI, GR, etc.)	12. County
4.6. Cl	3563 Gr.		Lea
Check Appropriate Box To Indicate Nature of Notice, Report or Other Data  NOTICE OF INTENTION TO:  SUBSEQUENT REPORT OF			
NOTICE OF IN	TENTION TO:	SUBSEQU	ENT REPORT OF:
PERFORM REMEDIAL WORK	! 		
TEMPORARILY ABANDON	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
PULL OR ALTER CASING		COMMENCE DRILLING OPNS.	PLUG AND ABANDONMENT
TOTAL CASING	CHANGE PLANS	CASING TEST AND CEMENT JOB	
OTHER		OTHER Acid-frac	<b>x</b>
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.			
% pkr, rem Co acid-fre containing Ottawa sd.	#121, 10,550 TD, 10,500 hrs on 1" ck, TP 50, 10 hrs on 1" ck, TP 50, 10 hrs on 2-7/8 rental Nac Abo perfs down 2-7/8 friction reducing & flu TTP 6000# to 7000#, rat 2400, job compl 11:30 p	paded tog w/ 54 BLO, 180 tog, set pkr @ 84 tog w/ 20,000 gals g aid loss additives + se 12.5 BPM, ISIP 370 o.m. 8/29/67, SI 7 h	pulled 2-3/8 tbg 43, then Western elled 15% NE acid 20,000# 20/40
18. I hereby certify that the information ab	ove is rue and complete to the best of	my knowledge and belief.	
Al molta	<del></del>		
SIGNED SIGNED	2.1	uthorized Agent	DATE 9/1/67
APPROX			
The state of the s			

CONDITIONS OF APPROVAL, IF ANY: