NO. OF COPIES RECEIV	OF COPIES RECEIVED					Form C-103	211		
DISTRIBUTION							Supersedes Old C-102 and C-103		
SANTA FE		NEW ME	XICO OIL CONS	ERVATION COM	AMISSION	Effective 1-1	-65		
U.S.G.S.		-				5a. Indicate Typ	e of Lease		
LAND OFFICE		1				State X	Fee .		
OPERATOR		]				5. State Oil & G	as Lease No.		
<del></del>	CLINIDA	NAME OF THE PARTY	5550550			B-1520	mmm		
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.)									
I. OIL WELL X	GAS WELL	OTHER-		_		7. Unit Agreeme	nt Name		
2. Name of Operator	8, Farm or Lease Name								
Mobi 3. Address of Operator	Bridges State 9. Well No.								
	Box 633,	Midland, Texa	<b>S</b> '			124			
4. Location of Well	P	460 FEET FROM	East	LINE AND	660	10. Field and P			
South					NR				
THE	LINE, SECT	ON TO	DWNSHIP	RANGE	<u> ны</u>	»: <i>[[[[[[]]]</i>			
		15. Elevat	ion (Show whether	DF, RT, GR, etc.	)	12. County	HHHH		
			4016			Lea			
		Appropriate Box	To Indicate N	lature of Noti					
N	OTICE OF I	NTENTION TO:			SUBSEQUE	NT REPORT OF	:		
PERFORM REMEDIAL WO	4K []	PLUG	AND ABANDON	REMEDIAL WORK		ALTE	RING CASING		
TEMPORARILY ABANDON				COMMENCE DRILL	.ing OPNS.		AND ABANDONMENT		
PULL OR ALTER CASING		CHAN	GE PLANS	CASING TEST AND	Perf. 7" OD	Timom	_		
			F	OTHER	reri. /" OD	Liner	[		
OTHER	-								
17. Describe Proposed work) SEE RULE	or Completed O	perations (Clearly stat	e all pertinent dete	ails, and give per	inent dates, includ	ing estimated date of	starting any propose		
		TE #124, 10,56	65 <b>ም</b> ክ.						
2/27				00 & 8000 1	to 10.479. t	hen perf 7"	liner		
- <b>,</b> ,	Schl ran PDC log from 5700 to 6200 & 8000 to 10,479, in the Upper Penn @ 10,129; 131; 136; 138; 143; 153; 169; 177; 190; 193; 195; & 10,197 w/ 1 JSPF, total of					55; 157; 160	; 167;		
	169; 177	; 190; 193; 1	95; & 10,19	7 w/ 1 JSP1	, total of	16 holes, th	en ran		
	Howco RT	T8 pkr on 2-3,	/8 tbg, set	@ 10,090,	then swab 5	O BLO + 83 B	W/8 hrs,		
	6200' FI	R, sl sh of g	as, cont to	swab.		<del></del> -			
					*				
18. I hereby certify tha	t the information	n above is true and con	nplete to the best of	of my knowledge a	nd belief.				
	no Ale			An+ha	A mada	2 .	um (A		
SIGNED	1011/10m	1	TITLE	Authorized	vgang	DATE	L7 <b>-</b> 68		
	ext	( )							
APPROVED BY	4://	Milling	TITLE			DATE			
CONDITIONS OF APP	ROVAL, IF AN	"							