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# NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103  
Supersedes C-11  
C-102 and C-103  
Effective 1-1-65

|                                                                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>SUNDY NOTICES AND REPORTS ON WELLS</b><br/>(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR RE-DRILL OR ADD WELLS TO A DIFFERENT RESERVOIR. USE APPLICATION FOR PERMIT TO DRILL OR RE-DRILL OR ADD WELLS TO A DIFFERENT RESERVOIR.)</p>                                                                              |  | <p>30. Indicate Type of Lease<br/>State <input checked="" type="checkbox"/> Fee <input type="checkbox"/></p>                                                                                                                                |
| <p>1. Name of Operator<br/>Mobil Oil Corporation<br/>Address of Operator<br/>Box 633, Midland, Texas 79701<br/>Location of Well<br/>UNIT LETTER <u>N</u> <u>1030</u> FEET FROM THE <u>East</u> LINE AND <u>1980</u> FEET FROM THE <u>South</u> LINE, SECTION <u>E 11</u> TOWNSHIP <u>17-A</u> RANGE <u>34-E</u> NMPM.</p> |  | <p>5. State Oil &amp; Gas Lease No.<br/>7. Unit Agreement Name<br/>8. Form or Lease Name<br/><u>Bridge State</u><br/>9. Well No.<br/><u>126</u><br/>10. Field and Pool, or Wildcat<br/><u>See Thru north</u><br/><u>See middle line</u></p> |
| <p>15. Elevation (Show whether OF, RT, GR, etc.)</p>                                                                                                                                                                                                                                                                      |  | <p>12. County<br/><u>Lea</u></p>                                                                                                                                                                                                            |

|                                                                                                                                                                                                |                                                                                                                                                 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>Check Appropriate Box To Indicate Nature of Notice, Report or Other Data</p>                                                                                                                |                                                                                                                                                 |
| <p>NOTICE OF INTENTION TO:</p>                                                                                                                                                                 | <p>SUBSEQUENT REPORT OF:</p>                                                                                                                    |
| <p>FORM REMEDIAL WORK <input type="checkbox"/><br/>TEMPORARILY ABANDON <input type="checkbox"/><br/>L OR ALTER CASING <input type="checkbox"/><br/>OTHER <input type="checkbox"/></p>          | <p>PLUG AND ABANDON <input type="checkbox"/><br/>CHANGE PLANS <input type="checkbox"/><br/>OTHER <input type="checkbox"/></p>                   |
| <p>REMEDIAL WORK <input type="checkbox"/><br/>COMMENCE DRILLING OPNS. <input type="checkbox"/><br/>CASING TEST AND CEMENT JOBS <input type="checkbox"/><br/>OTHER <input type="checkbox"/></p> | <p>ALTERING CASING <input type="checkbox"/><br/>PLUG AND ABANDONMENT <input type="checkbox"/><br/>OTHER <input checked="" type="checkbox"/></p> |

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.

Installed identified risers and surface valves on outlet of all unexposed casing string.

Installation was inspected and approved by NMOC personnel

|                                                                                                                 |                                                                                        |
|-----------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|
| <p>I hereby certify that the information above is true and complete to the best of my knowledge and belief.</p> |                                                                                        |
| <p>Original Signed by:<br/>(Mrs.) Christine O. Tucker<br/>Orig. Signed by<br/>John Kuyum<br/>Geologist</p>      | <p>TITLE <u>Authorized Agent</u><br/>DATE <u>6-3-76</u><br/>DATE <u>JUN 8 1976</u></p> |
| <p>APPROVED BY _____<br/>CONDITIONS OF APPROVAL, IF ANY:</p>                                                    | <p>TITLE _____<br/>DATE _____</p>                                                      |