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NEW MEXICO OIL CONSERVATION COMMISSION

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

|                                                                                                      |
|------------------------------------------------------------------------------------------------------|
| 5a. Indicate Type of Lease<br>State <input checked="" type="checkbox"/> Fee <input type="checkbox"/> |
| 5. State Oil & Gas Lease No.<br><i>B-153-0</i>                                                       |
| 7. Unit Agreement Name                                                                               |
| 8. Farm or Lease Name<br><i>Bridges state</i>                                                        |
| 9. Well No.<br><i>150</i>                                                                            |
| 10. Field and Pool, or Wildcat<br><i>Vacuum above north</i>                                          |
| 12. County<br><i>Lea</i>                                                                             |

**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.)

|                                                                                                                                                                                                       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>                                                                                      |
| 2. Name of Operator<br><i>Mobil oil corporation</i>                                                                                                                                                   |
| 3. Address of Operator<br><i>Box 633, Midland, Texas 79701</i>                                                                                                                                        |
| 4. Location of Well<br>UNIT LETTER <i>N</i> <i>2020</i> FEET FROM THE <i>West</i> LINE AND <i>611</i> FEET FROM THE <i>South</i> LINE, SECTION <i>12</i> TOWNSHIP <i>17-S</i> RANGE <i>34-E</i> NMPM. |
| 15. Elevation (Show whether DF, RT, GR, etc.)<br><i>4022 Gr</i>                                                                                                                                       |

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

|                                                |                                           |                                                      |                                                                                            |
|------------------------------------------------|-------------------------------------------|------------------------------------------------------|--------------------------------------------------------------------------------------------|
| NOTICE OF INTENTION TO:                        |                                           | SUBSEQUENT REPORT OF:                                |                                                                                            |
| PERFORM REMEDIAL WORK <input type="checkbox"/> | PLUG AND ABANDON <input type="checkbox"/> | REMEDIAL WORK <input type="checkbox"/>               | ALTERING CASING <input type="checkbox"/>                                                   |
| TEMPORARILY ABANDON <input type="checkbox"/>   | CHANGE PLANS <input type="checkbox"/>     | COMMENCE DRILLING OPNS. <input type="checkbox"/>     | PLUG AND ABANDONMENT <input type="checkbox"/>                                              |
| PULL OR ALTER CASING <input type="checkbox"/>  | OTHER <input type="checkbox"/>            | CASING TEST AND CEMENT JOBS <input type="checkbox"/> | OTHER <i>Install Pumping Unit &amp; Electric motor</i> <input checked="" type="checkbox"/> |

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.

*change well status From Flowing to Pumping 2-20-71.*

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

|                                |                                  |                         |
|--------------------------------|----------------------------------|-------------------------|
| SIGNED <i>J. M. Daniel</i>     | TITLE <i>Authorized Agent</i>    | DATE <i>2-23-71</i>     |
| APPROVED BY <i>[Signature]</i> | TITLE <i>SUPERVISOR DISTRICT</i> | DATE <i>FEB 23 1971</i> |
| CONDITIONS OF APPROVAL, IF ANY |                                  |                         |