

|                  |  |
|------------------|--|
| NAME OF OPERATOR |  |
| DISTRIBUTION     |  |
| DATE             |  |
| FILE             |  |
| U.S.G.C.         |  |
| LAND OFFICE      |  |
| OPERATOR         |  |

# NEW MEXICO OIL CONSERVATION COMMISSION

Form O-1  
Supersedes O-101  
O-102 and O-103  
Effective 1-1-65

|                                                                                                                                                                                                                               |  |                                                                                                       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------|
| <b>SUNDRY NOTICES AND REPORTS ON WELLS</b><br><small>(DO NOT USE THIS FORM FOR PROPOSAL TO DRILL OR TO DEEPEN OR PLUG DATE TO A DIFFERENT RESERVOIR. SEE APPLICATION FOR PERMIT UNDER FORM O-101 FOR SUCH PROPOSALS.)</small> |  | 5a. Indicate Type of Lease<br>State <input checked="" type="checkbox"/> Free <input type="checkbox"/> |
|                                                                                                                                                                                                                               |  | 5. State Oil & Gas Lease No.<br>9-15-72                                                               |
| 1. Nature of Operation<br>OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>                                                                                       |  | 7. Unit Agreement Name                                                                                |
| 2. Name of Operator<br>Mobil Oil Corporation                                                                                                                                                                                  |  | 6. Form or Lease Name<br>Bridgers State                                                               |
| 3. Address of Operator<br>Box 433, Midland, Texas 79701                                                                                                                                                                       |  | 9. Well No.<br>172                                                                                    |
| 4. Location of Well<br>UNIT LETTER <u>P</u> <u>660</u> FEET FROM THE <u>South</u> LINE AND <u>660</u> FEET FROM<br>THE <u>East</u> LINE, SECTION <u>3</u> TOWNSHIP <u>17-S</u> RANGE <u>34-E</u> N.M.P.M.                     |  | 10. Field and Pool, or Wildcat<br>Vacuum                                                              |
| 15. Elevation (Show whether DF, RT, GR, etc.)<br>14067                                                                                                                                                                        |  | 12. County<br>Lea                                                                                     |

| 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"/><br>TEMPORARILY ABANDON <input type="checkbox"/><br>PULL OR ALTER CASING <input type="checkbox"/><br>OTHER <input type="checkbox"/> | REMEDIAL WORK <input type="checkbox"/><br>COMMENCE DRILLING OPNS. <input type="checkbox"/><br>CASING TEST AND CEMENT JOBS <input checked="" type="checkbox"/><br>OTHER <input type="checkbox"/> |
| PLUG AND ABANDON <input type="checkbox"/><br>CHANGE PLANS <input type="checkbox"/>                                                                                                | ALTERING CASING <input type="checkbox"/><br>PLUG AND ABANDONMENT <input 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.

4/11 BRIDGERS STATE #172  
 (22) 8800 TD 1m, 7-7/8" hole, 1 1/4 @ 8800, 9.8-36-18.0.  
 finish hole, circ 2 hrs, P & LD DP & EC's, Dresser-Atlas  
 ran SWN-GR logs 0-8799/7 hrs, ran 275 jts 5 1/4 17.0# & 15.50#  
 J-55 LTC csg to 8800, 5867' 17.0# on bottom, Howco prep to  
 cmt.

4/12 BRIDGERS STATE #172, 8800 TD.  
 FOC 5-1/2 csg, Howco cmt 5-1/2 csg on bottom @ 8800 w/ 2100x THM w/  
 1/4" Floccle in 1st 1000' + 200x Glass C Next cmt, PD @ 9:00 a.m. 4/11/72,  
 cut circ, set slips, cut off csg, Rel Howco Drill Co rig @ 12:00 noon  
 4/11/72, prep to DST. W.O.C. 12 hrs. Tested 6 1/4" Log 1000' 10:30 m. OK

# ILLEGIBLE

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

|                                 |                               |                         |
|---------------------------------|-------------------------------|-------------------------|
| SIGNED <u>[Signature]</u>       | TITLE <u>Authorized Agent</u> | DATE <u>4-20-72</u>     |
| APPROVED BY <u>[Signature]</u>  | TITLE <u>Geologist</u>        | DATE <u>APR 20 1972</u> |
| CONDITIONS OF APPROVAL, IF ANY: |                               |                         |