

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-7

5a. Indicate Type of Lease
State ☒ Fee ☐
5. State Oil & Gas Lease No.
B-1520

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 ☐ GAS WELL ☐ OTHER	7. Unit Agreement Name
2. Name of Operator Mobil Producing TX & NM Inc.	8. Farm or Lease Name Bridges State
3. Address of Operator 9 Greenway Plaza, Suite 2700, Houston, TX 77046	9. Well No. 513
4. Location of Well UNIT LETTER <u>G</u> <u>2135</u> FEET FROM THE <u>north</u> LINE AND <u>1905</u> FEET FROM <u>east</u> LINE, SECTION <u>13</u> TOWNSHIP <u>17S</u> RANGE <u>34E</u> NMPM.	10. Field and Pool, or Wildcat Vacuum (Strawn)
15. Elevation (Show whether DF, RT, GR, etc.) GR-4018	12. County Lea

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐
OTHER ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐
OTHER ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐
COMMENCE DRILLING OPS. ☐
CASING TEST AND CEMENT JOB ☒
OTHER ☐
ALTERING CASING ☐
PLUG AND ABANDONMENT ☐

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 1703.

9-21/10-8-86 Drlg
10-9-86 TD 7-7/8 hole, logging
10-10/11-86 Logging
10-12-86 RIH w/172 jts 5 1/2 17# L80 LT&C w/10 centl, TOL @ 4185, cmt @ 11550 w/1500 sx TLW + 200 sx CL H, displ cmt w/160 BW + 68 bbl mud, WOC
10-13-86 WOC 18 hrs, DO hard cmt 3805-4185, PT csg & lnr top 1000#- 30 min - ok, RDMO Hondo Rig #5

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

SIGNED Nancy Lewis TITLE Authorized Agent DATE 10-21-86
Eddie W. Seay
APPROVED BY Oil & Gas Inspector TITLE DATE
CONDITIONS OF APPROVAL, IF ANY: