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ADDRESS AND OFFICE		
OPERATOR		

NEW MEXICO OIL CONSERVATION COMMISSION

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

5a. Indicate Type of Lease	
State <input checked="" type="checkbox"/>	Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. <i>B-1520</i>	
7. Unit Agreement Name	
8. Farm or Lease Name <i>Bridge State</i>	
9. Well No. <i>6</i>	
10. Field and Pool, or Wildcat <i>Vac - G - S.A.</i>	
12. County <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.)

OIL WELL ☐ GAS WELL ☐ OTHER- *WFW*

Name of Operator
Mobil Oil Corporation

Address of Operator
Box 633, Midland, Texas 79701

Location of Well
UNIT LETTER *E* *1980* FEET FROM THE *North* LINE AND *660* FEET FROM
THE *West* LINE, SECTION *23* TOWNSHIP *17-S* RANGE *34-E* N.M.P.M.

15. Elevation (Show whether DF, RT, GR, etc.)
4040 CR

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input checked="" 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"/>
ILL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>	OTHER <input type="checkbox"/>

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.

Set a liner, perforate and acidize to improve the injection profile as per attached recommendation

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

Original Signed by:
(Mrs.) Christine O. Tucker

TITLE *Permit Clerk* DATE *9-12-73*

Original Signed by
Joe D. Ramey
Dist. 1, State

APPROVED BY _____ TITLE _____ DATE _____

NOTIONS OF APPROVAL, IF ANY: