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LAND OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

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

UST 10 11 1967

5a. Indicate Type of Lease State ☒ Fee ☐
5b. State Oil & Gas Lease No. B-1520
6. Unit Agreement Name Bridges State
7. Unit Agreement No. 6
8. Well and Pool, or Wildcat Vacuum
9. County Lea

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 ☐
2. Name of Operator Mobil Oil Corporation
3. Address of Operator P. O. Box 633, Midland, Texas
4. Location of Well UNIT LETTER E 660 FEET FROM THE South LINE AND 660 FEET FROM THE West LINE, SECTION 23 TOWNSHIP 17 RANGE 34
15. Elevation (Show whether DP, RT, Sit, etc.) 4040 Gr.

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

NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK ☐	REMEDIAL WORK ☒
TEMPORARILY ABANDON ☐	COMMENCE DRILLING OPER. ☐
PULL OR ALTER CASING ☐	CASING TEST AND CEMENT JOBS ☐
OTHER ☐	OTHER ☐
PLUG AND ABANDON ☐	ALTERING CASING ☐
CHANGE PLANS ☐	PLUG AND ABANDONMENT ☐

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, times, etc., of starting any proposed work) SEE RULE 1103.

BRIDGES STATE #6, Section 16, San Andres zone, Lea Co., N.M. - COLUMBIA:
Convert to MW. Expense under \$1250.

10/2/67 4755 TD, 7" csg @ 4364, San Andres Oil (4364-4755).
Pulled & warehoused rods & pump. SD for nite.

10/3 Pulled 2-3/8 MUE 8rd tag, ran 6 1/2 bit on 2 - 4 1/2 IN & 2-1/4 K20 tag,
tag fillup @ 4710, CO by rev circ to 4755 TD in 4 hrs, pulled bit to
4200. SD for nite.

10/4/67 4755 TD.
Ran bit back to 4755, pulled tag, DC's & bit, ran 7" csg scraper to
4300, P & LB tag, DC's, scraper & bit, ran plastic coated Guib Shorty
Tension pkron 139 jts 2-3/8 MUE 8rd cement lined tag, set pkron @ 4311 w/
12,000# tension, inst'l inj head, RD & Rel Baber Well Serv Unit @ 7:00 p.m.
10/3/67. Complete as MW.
FINAL REPORT.

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

SIGNED *J. J. McDaniel* TITLE **Authorized Agent** DATE **10-6-67**

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: