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OPERATOR	

# NEW MEXICO OIL CONSERVATION COMMISSION

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

**SUNDRY NOTICES AND REPORTS ON WELLS**  
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR MOVE BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

OIL WELL ☒ GAS WELL ☐ OTHER ☐

Name of Operator  
Mobil Oil Corporation

Address of Operator  
Box 633, Midland, Texas 79701

Location of Well  
UNIT LETTER H 1980 FEET FROM THE N LINE AND 1980 FEET FROM  
THE E LINE, SECTION 23 TOWNSHIP 17-8 RANGE 342E NMPM.

15. Elevation (Show whether DF, RT, GR, etc.)  
4035 GR

5a. Indicate Type of Lease  
State ☒ Fee ☐

5. State Oil & Gas Lease No.  
B-1520

7. Unit Agreement Name

8. Farm or Lease Name  
Bridges State

9. Well No.  
7

10. Field and Pool, or Wildcat  
Vac-Grayburg-S.A.

12. County  
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"/>	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"/>
WELL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER <input checked="" 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.

Installed identified risers and surface valves on outlet of all unexposed casing strings.

Installation was inspected and approved by NMOC personnel

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 Authorized Agent

DATE 5-25-76

LOVED BY

DITIONS OF APPROVAL, IF ANY