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NEW MEXICO OIL CONSERVATION COMMISSION

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

<p>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 TO DRILL" (FORM C-101) FOR SUCH PROPOSALS.)</p>		<p>5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/></p> <p>5. State Oil & Gas Lease No. B-1520</p>
<p>OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/></p> <p>Name of Operator Mobil Oil Corporation</p> <p>Address of Operator Box 633, Midland, Texas 79701</p> <p>Location of Well UNIT LETTER <u>J</u> <u>1980</u> FEET FROM THE <u>2</u> LINE AND <u>1980</u> FEET FROM THE <u>E</u> LINE, SECTION <u>23</u> TOWNSHIP <u>17-2</u> RANGE <u>34-E</u> NMPM.</p>		<p>7. Unit Agreement Name</p> <p>8. Farm or Lease Name Bridges State</p> <p>9. Well No. 8</p> <p>10. Field and Pool, or Wildcat Vac-Grayburg-S.A.</p>
<p>15. Elevation (Show whether DF, RT, GR, etc.) 4035 GR</p>		<p>12. County Lea</p>

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

<p>NOTICE OF INTENTION TO:</p> <p>PERFORM REMEDIAL WORK <input type="checkbox"/></p> <p>TEMPORARILY ABANDON <input type="checkbox"/></p> <p>PLUG OR ALTER CASING <input type="checkbox"/></p> <p>OTHER <input type="checkbox"/></p>		<p>SUBSEQUENT REPORT OF:</p> <p>PLUG AND ABANDON <input type="checkbox"/></p> <p>CHANGE PLANS <input type="checkbox"/></p> <p>REMEDIAL WORK <input type="checkbox"/></p> <p>COMMENCE DRILLING OPNS. <input type="checkbox"/></p> <p>CASING TEST AND CEMENT JOBS <input type="checkbox"/></p> <p>OTHER <input checked="" type="checkbox"/></p>	
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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 NMOOC 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

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: