

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

HOUSING OFFICE O.C.C.
NEW MEXICO OIL CONSERVATION COMMISSION
APR 11 11 43 AM '67

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. B-1520
7. Unit Agreement Name
8. Farm or Lease Name Bridges State
9. Well No. #21
10. Field and Pool, or Wildcat Vacuum Grayburg SA
12. 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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- <input type="checkbox"/>
2. Name of Operator Mobil Oil Corporation
3. Address of Operator P. O. Box #633, Midland, Texas
4. Location of Well UNIT LETTER A 660 FEET FROM THE North South LINE AND 660 FEET FROM THE East West LINE, SECTION 23 TOWNSHIP T-17S RANGE R-34E NMPM.
15. Elevation (Show whether DF, RT, GR, etc.) 3943

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

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input checked="" type="checkbox"/> Convert to Water Injection Well

SUBSEQUENT REPORT OF:

REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER <input type="checkbox"/>

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 1103.

Pull tubing and clean out well. Run C. L. Tubing on Pkr. Install injection head and complete as a water injection well.

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

SIGNED John J. Thurd TITLE Authorized Agent

APPROVED
McElledge

DATE 4/6/67

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: