NO. OF COPIES RECEIVED			Form C-103
DISTRIBUTION		ECONOMISTICA C. S. C.	Supersedes Old
SANTA FE	NEW MEXICO OIL C	CONSERVATION COMMISSION	C-102 and C-103
FILE	HEW MEXICO OIL C		Effective 1-1-65
		tee 49 M '66	5a. Indicate Type of Lease
U.S.G.S.			
LAND OFFICE			State X Fee.
OPERATOR			5. State Oil & Gas Lease No.
<u> </u>			B-1520
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 X GAS WELL X	OTHER-		7. Unit Agreement Name
2. Name of Operator			8. Farm or Lease Name
SCCONY MOBIL OIL COMPANY, INC.			State Bridges Stoke
3. Address of Operator			9. Well No.
P.O. Box 1800, Hobbs, New Mexico			22
4. Location of Well			10. Field and Pool, or Wildcat
N 660 South 660			Vacuum (G-SA)
UNIT LETTER N 660 FEET FROM THE South LINE AND 660 FEET FROM			Wacdom (G-3A)
Fact	24	170 245	
THELINE, SECTION	1 TOWNSHIP	17S RANGE 34E NMPN	

15. Elevation (Show whether DF, RT, GR, etc.)			12. County
	4016 GR		Lea
Check A	ppropriate Box To Indica	te Nature of Notice, Report or Or	ther Data
NOTICE OF IN			T REPORT OF: ,
		SUBSEQUEN	REFORT OF: ,
	-		
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON		COMMENCE DRILLING OPNS.	PLUG AND ABANDONMENT
PULL OR ALTER CASING	CHANGE PLANS	CASING TEST AND CEMENT JOB	
		other lempora	rily Abandoned X
OTHER			
17 Departie Proposed or Completed One	estions (Classic state all nations	A describe and since and	
work) SEE RULE 1103.	nutions (Clearly state all pertinent	t details, and give pertinent dates, includin	g estimated date of starting any proposed
TD 4700°			
Studying for Dril	1 Deeper		
0 000 / 1.19 101 01 11	- Docport	A TO THE STATE OF THE STATE OF	
	8 .	· · · · · · · · · · · · · · · · · · ·	
		19 - 19 - 16 - 16 A.	
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18. I hereby certify that the information s	bove is true and complete to the b	pest of my knowledge and bottof	
n	As the sine complete to the b	out of my knowledge and nellel.	
@ \ 1/a			
SIGNED	TITLE_	Group Supervisor	
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F			

CONDITIONS OF APPROVAL, IF ANY: