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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

5a. Indicate Type of Lease	
State <input checked="" type="checkbox"/>	Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.	
B-1106	
7. Unit Agreement Name	
8. Farm or Lease Name	
State G	
9. Well No.	
1	
10. Field and Pool, or Wildcat	
Vacuum (G-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. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER	
2. Name of Operator	
Socony Mobil Oil Company, Inc.	
3. Address of Operator	
Box 1800, Hobbs, New Mexico	
4. Location of Well	
UNIT LETTER <u>B</u> , <u>330</u> FEET FROM THE <u>North</u> LINE AND <u>2310</u> FEET FROM	
THE <u>East</u> LINE, SECTION <u>24</u> TOWNSHIP <u>17S</u> RANGE <u>34E</u> N.M.P.M.	
15. Elevation (Show whether DF, RT, GR, etc.)	
4019 GR	

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 type="checkbox"/>

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 JOBS <input type="checkbox"/>	OTHER <u>Temporarily Abandoned</u> <input checked="" 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.

TD 4410'

Studying for Workover

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.		
SIGNED <u>J. D. Clemmer</u>	TITLE <u>Intermediate Clerk</u>	DATE <u>1-1-65</u>
APPROVED BY <u></u>	TITLE <u></u>	DATE <u></u>
CONDITIONS OF APPROVAL, IF ANY:		