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NEW MEXICO OIL CONSERVATION COMMISSION

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

AUG 21 11 03 AM '66

5a. Indicate Type of Lease	
State <input checked="" type="checkbox"/>	Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. 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.)

1. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER-		7. Unit Agreement Name
2. Name of Operator Mobil Oil Corporation		8. Farm or Lease Name Bridges - State
3. Address of Operator P. O. Box 633, Midland, Texas		9. Well No. 13
4. Location of Well UNIT LETTER E 660 FEET FROM THE East LINE AND 660 FEET FROM THE South LINE, SECTION 25 TOWNSHIP 17 S RANGE 34 E NMPM.		10. Field and Pool, or Wildcat Vacuum Blinbry
15. Elevation (Show whether DF, RT, GR, etc.) 4019 DF		12. County Lea

16. 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"/>	REMEDIAL WORK <input checked="" type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>
OTHER <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.

6522' (Seating Nipple) 6800' TD.

7-20-66. Chem. Engrs. Pumped down 2" Tbg 50 bbls. lease crude containing 21 gals Techni-clean #300 O. S. followed by 750 gals. 5% acid w/55 gals. of Cheplex. Flushed w/20 bbls. lse. crude. Pressure = 0 - Vac. Job Complete @ 1:00 P. M. 7-19-66.

Prodn before Treatment: 43 BOPD 2 BWPD

Prodn after Treatment: 122 BOPD 13 BWPD @ 37.3 Grav.
GOR = 1893/1

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

SIGNED T. A. Payne TITLE Authorized Agent DATE 8-10-66

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: