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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. <i>B-15-20</i>
7. Unit Agreement Name
8. Farm or Lease Name <i>Bridges state</i>
9. Well No. <i>23</i>
10. Field and Pool, or Wildcat <i>Vacuum Grayburg S.A.</i>
12. County <i>Lea</i>

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 <i>Mobil Oil Corporation</i>
3. Address of Operator <i>Box 633, Midland, Texas 79701</i>	4. Location of Well UNIT LETTER <i>JD</i> <i>1980</i> FEET FROM THE <i>South</i> LINE AND <i>660</i> FEET FROM THE <i>East</i> LINE, SECTION <i>26</i> TOWNSHIP <i>17-S</i> RANGE <i>34-E</i> NMPM.
15. Elevation (Show whether DF, RT, GR, etc.)	16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐

TEMPORARILY ABANDON ☐

PULL OR ALTER CASING ☐

OTHER ☐

PLUG AND ABANDON ☐

CHANGE PLANS ☐

OTHER ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☒

COMMENCE DRILLING OPNS. ☒

CASING TEST AND CEMENT JOB ☒

OTHER ☐

ALTERING CASING ☐

PLUG AND ABANDONMENT ☐

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.

Ran 4 1/2" 11.6# Linen & Perforated & Treated Lower SAN ANDRES as per attached Daily Drilling Report.

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

SIGNED <i>[Signature]</i>	TITLE <i>Authorized Agent</i>	DATE <i>2-5-71</i>
APPROVED BY <i>[Signature]</i>	TITLE <i>SUPERVISOR DISTRICT</i>	DATE <i>FEB 8 1971</i>
CONDITIONS OF APPROVAL, IF ANY:		