| DISTRIBUTION   SHORT A F.  |  | ;   |   |
|--|--|---|---|
| NEW MEXICO OIL CONSERVATION COMMISSION  Conservation  Substitution  Subs | NO. OF COPIES RECEIVED                     | •   | Form C-103<br>Supersedes Old                    |
| SUNDRY NOTICES / JULY SUNDRY NOTICES / JULY REPORTS OF WELLS  ORDATOR  SUNDRY NOTICES / JULY REPORTS OF WELLS  SUBJECT OF GOVERNMENT OF SUBJECT |  | NEW NEW CO. ON COMPANY TOWN TO WAR  | C-102 and C-103                                 |
| SURDRY NOTICES AND REPORTS 1 VELLS Sint GROSS Lesson No.    Conserved to the property of Losse State   For   |  | NEW MEXICO OIL CONSERVATION COMMISSION  | Effective 1-1-65                                |
| SUNDRY HOTICES AND REPORTS VELLS DEPORTS ASSUMED TO SECURITY ASSUMED.  SUNDRY HOTICES AND REPORTS VELLS DEPORTS ASSUMED.  ON COLOR SECURITY ASSUMED TO SECURITY ASSUMED.  ON COLOR SEC | ·  |   |   |
| SUBDRY NOTICES AND REPORTS 1 WELLS  (00 NOT USE THIS ASSESSMENT AS |  |   |   |
| DO NOT USE THE PROPOSED OF CONSIDER SOLD REPORTS OF THE PROPOSED OF CONTROL OF THE PROPOSED OF | LAND OFFICE                                |   |   |
| Ones of Coperiors  Mobil Oil Corporation  Address of Operiors  Box 633, Midland, Texas 79701  Location of Weil  Wart terris  Line, service 2/ Township 17 - 2 name 35 - Lawren  The Line, service 2/ Township 17 - 2 name 35 - Lawren  The Line, service 2/ Township 17 - 2 name 35 - Lawren  The Line, service 2/ Township 17 - 2 name 35 - Lawren  The Line, service 2/ Township 17 - 2 name 35 - Lawren  The Line, service 2/ Township 17 - 2 name 35 - Lawren  The Line And Adams of Pall 12, County Lea  Check Appropriate Bex To Indice 2 name 35 - Lawren  The Check Appropriate Bex To Indice 2 name 3 | OPERATOR                                   |   | 5, State Off & Gas Lease No.                    |
| Check Appropriate Rev To Indies  Check Appropriate Rev To Indies  Check Appropriate Rev To Indies  NOTICE OF INTENTION TO:  PRAYERAM AFMEDIAL WORN  FULL ON ALTER CASHIS  THE COMMENT RETTORN THE COMMENT REPORT OF:  PRAYERAM AFMEDIAL WORN  THE COMMENT REMORN  THE RILL TION.  Installed identified risers and surface valves on outlet of all unexposed casing strin  Installation was inspected and approved by NMOOC personnel  [6] Thereby certify that the information above is true and excepted to the U. O. my knowledge and belief.  [6] Thereby certify that the information above is true and excepted to the U. O. my knowledge and belief.  [6] Thereby certify that the information above is true and excepted to the U. O. my knowledge and belief.  [6] Thereby certify that the information above is true and excepted to the U. O. my knowledge and belief.  [6] Thereby certify that the information above is true and excepted to the U. O. my knowledge and belief.  [6] Thereby certify that the information above is true and excepted to the U. O. my knowledge and belief.  [6] Thereby certify that the information above is true and excepted to the U. O. my knowledge and belief.  [6] Thereby certify that the information above is true and excepted to the U. O. my knowledge and belief.  [6] Thereby certify that the information above is true and excepted to the U. O. my knowledge and belief.  | SUNDRY                                     | NOTICES AND REPORTS COLVELLS  OSALS TO SMILL SHIP DEEPEN ON MICH TACK TO A DIFFERENT RESERVOIR. |   |
| Mobil Oil Corporation  Mobil Oil Corporation  Mobil Oil Corporation  Mobil Oil Corporation  Box 633, Hidland, Texas 79701  Locotion of Well  Out Letter   March   Marc | . OIL GAS []                               |   | 7. Unit Agreement Name                          |
| RANCE SO OPERCENT  DO NICE OF INTENTION 2/ TOWNSHIP   7/2   RANCE   35-C   BUPPEN   12   COUNTY   Lea  Check Appropriate Box To India  NOTICE OF INTENTION TO:  PERFORM REMODEL WORD  THE PROPERSILE PROPERSILE CONSISTED OF STATE   12   COUNTY   Lea  NOTICE OF INTENTION TO:  PERFORM REMODEL WORD  THE PROPERSILE PROPERSILE CONSISTED OF STATE   COMMENCE DESILESS OF STATE   COMENCE DESILESS OF STATE   COME |  | OTHER-  | 8. Farm or Lease Name                           |
| Box 633, Midland, Texas 79701  ILLOCATION of Well  WHIT LETTER  LINE, SECTION 2 / SON PEET FROM PARTY OF RET FROM PORTY  |  |   | State L   |
| THE AND LINE, SECTION 2 TOWNSHIP 17 S. RANGE 35-C MAPPA.    Check Appropriate Box To Indicate OF, RT, GR, etc.)   12. County   | •  | s 79701   | S. Wall No.                                     |
| Check Appropriate Box To Indicate OF, RT, GR, etc.)  12, Country  13, Elevation (Show whether OF, RT, GR, etc.)  12, Country  Lea  NOTICE OF INTENTION TO:  PLUG AND AGAMEDY  THEMPORABILY ACASING  PLUG AND AGAMEDY  THEMPORABILY ACASING  PLUG AND AGAMEDY  THE GASTING CASING  THE GASTING  THE GASTING CASING  THE GASTING  THE GA | Location of Well                           |   |   |
| Check Appropriate Box To India: The week of Notice, Report or Other Data NOTICE OF INTENTION TO:  SUBSEQUENT REPORT OF:  PLUG AND ABANCO CHARGE PLANS  CHARGE PLANS  CHARGE PLANS  CHARGE PLANS  CHARGE PLANS  TO India: The week of Notice, Report or Other Data SUBSEQUENT REPORT OF:  RESEDIAL WORK  ALTERING CASING PLUG AND ABANCON CHARGE PLANS  OTHER  TO THER  TO THER  TO THER  TO THE THE OTHER PROPERTY OF THE OTHER CASING OTHER  TO THE THE OTHER PLUG AND ABANCONMENT TO THE OTHER CASING PLUG AND ABANCONMENT  TO THE THE OTHER PLUG AND ABANCONMENT TO THE OTHER CASING STATE OTHER CAS |  | _   |   |
| Check Appropriate Box To Indias  NOTICE OF INTENTION TO:  PERFORM REMEDIAL WORK  PLUG AND ABANDON  PLUG AND ABANDON  CHARGE PLARS  CHARGE PLARS  CHARGE PLARS  CHARGE PLARS  OTHER  OTHER  Installed identified risers and surface valves on outlet of all unexposed casing string  Installation was inspected and approved by NMOOC personnel  [8. I hereby certify that the Information above is true and complete to the Complete of the Complete and belief.  [Miss.) unread to the Information above is true and complete to the Complete and belief.  [Miss.) unread to the Information above is true and complete to the Complete and belief.  [Miss.) unread to the Information above is true and complete to the Complete and belief.  [Miss.) unread to the Information above is true and complete to the Complete to the Complete and belief.  [Miss.) unread to the Information above is true and complete to the Complete to the Complete and belief.  [Miss.) unread to the Information above is true and complete to the Complete to the Complete and belief.  [Miss.] unread to the Information above is true and complete to the Complete to the Complete and belief.  [Miss.] unread to the Information above is true and complete to the Complete to the Complete and belief.  [Miss.] unread to the Information above is true and complete to the Complete to the Complete to the Complete and belief.   | THE LINE, SECTION                          | 21 TOWNSHIP 17-8 RANGE 35-E   | - HMPM.   |
| Check Appropriate Box To Indias NOTICE OF INTENTION TO:  SUBSEQUENT REPORT OF:  PLUG AND ADARCON  CHARGE PLANS  CH |  | 15. Elevation (Show whather DF, RT, GR, etc.)   | 12. County                                      |
| Check Appropriate Box 10 Indies   Subsequent of ther Data   NOTICE OF INTENTION TO:  SUBSEQUENT REPORT OF:  STEPFORM REMEDIAL WORK   SUBSEQUENT REPORT OF:  STEPFORM REMEDIAL  |  |   | Lea   |
| PRINCE AND ABANDON   PLUS AND ABANDON   PLUS AND ABANDON   PRINCE PLANS   PLUS AND ABANDONMENT   PRINCE OF ALTER CASINS   PLUS AND ABANDONMENT   COMMENCE DRILLING OFNS.   PLUS AND ABANDONMENT   COMMENCE DRILLING OFNS.   PLUS AND ABANDONMENT   COMMENCE DRILLING OFNS.   CASING TEST AND COMMENT JUB OTHER   PLUS AND ABANDONMENT   COMMENCE DRILLING OFNS.   CASING TEST AND COMMENT JUB OTHER   PLUS AND ABANDONMENT   COMMENCE DRILLING OFNS.   CASING TEST AND COMMENT JUB OTHER   PLUS AND ABANDONMENT   COMMENCE DRILLING OFNS.   CASING TEST AND COMMENT JUB OTHER   PLUS AND ABANDONMENT   COMMENCE DRILLING OFNS.   PLUS AND ABANDONMENT   COMMENCE DRILLING OFNS.   CASING TEST AND COMMENT JUB OTHER   PLUS AND ABANDONMENT   COMMENCE DRILLING OFNS.   PLUS AND ABANDONMENT   CASING TEST AND COMMENT JUB OF STATEMENT AND COMMENT JUB OF STATEMENT JU | Check A                                    |   |   |
| THE CONTROL PLANS  CHANGE PLAN |  |   | ·<br>   |
| OTHER  OT | PERFORM REMEDIAL WORK                      | PLUG AND ABANDON REMEDIAL WORK  | ALTERING CASING                                 |
| OTHER  | TEMPORARILY ASAHDON                        | COMMENCE DRILLING OPHS.   | PLUG AND ABANDONMENT                            |
| 7. Describe Proposed or Completed Operations (Clearly state all pertiaent accepts, and give pertinent dates, including estimated date of starting any propose work) SEE ROLE 160s.  Installed identified risers and surface valves on outlet of all unexposed casing string installation was inspected and approved by NMOOC personnel.  Installation was inspected and approved by NMOOC personnel.   | PULL OR ALTER CASINS                       | CHANGE PLANS CASING TEST AND CEMENT JOB   |   |
| Installed identified risers and surface valves on outlet of all unexposed casing string.  Installed identified risers and approved by NMOOC personnel  Installation was inspected and approved by NMOOC personnel  |  | OTHER   | <u> </u>  |
| Installed identified risers and surface valves on outlet of all unexposed casing string Installation was inspected and approved by NMOOC personnel  [B. I hereby certify that the Information above is true and complete to the base of my knowledge and belief.  [Mis.) Uniquite U. Tucker  | OTHER                                      |   |   |
| Installation was inspected and approved by NMOOC personnel  18.1 hereby certify that the information above is true and complete to the biometric and belief.  [MIS.) Uniquality U. Tucker  |  | rations (Clearly state all pertinent describs, and give pertinent dates, inc                    | cluding estimated date of starting any proposed |
| 18. I hereby certify that the information above is true and complete to the base of my knowledge and belief.  [MIS.] Uniquality U. Tucker  | · Installed identif                        | fied risers and surface valves on outlet of   | all unexposed casing string                     |
| 18. I hereby certify that the information above is true and escaplete to the base of my knowledge and belief.  [MIS.] Unissuite U. Tucker  |  |   |   |
| 18. I hereby certify that the information above is true and escaplete to the base of my knowledge and belief.  [MIS.] Unissuite U. Tucker  | Installation was                           | inspected and approved by NMOOC personnel   |   |
| (Mrs.) Christine U. Tucker   |  |   |   |
| (Mrs.) Christine U. Tucker   |  | •   |   |
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| (Mrs.) Christine U. Tucker   |  |   |   |
| Imis.) Christine U. Tucker   |  |   |   |
| (Mrs.) Christine U. Tucker   |  |   |   |
| (Mrs.) Christine U. Tucker   |  |   |   |
| (Mrs.) Christine U. Tucker   |  |   | •   |
| Imis.) Christine U. Tucker  Title Authorized Agent  DATE 5-24-76   | B. I hereby certify that the information a | shove is true and complete to the base of my knowledge and belief.                              |   |
| Authorized Agent DATE 5-25-76  | (Mrs.) Unrisune U.                         | Tucker  |   |
|  | BIGNED                                     |   | DATE 5-25-76                                    |
|  |  |   |   |
|  | Se Paris and                               | WIWI C  | DATE  |

CONDITIONS OF APPROVAL, IF ANYI