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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. <u>B-1527</u>	

SUNDRY NOTICES AND REPORTS ON WELLS <small>(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR RE-ENTER TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT - A" (FORM C-101) FOR SUCH PROPOSALS.)</small>		
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 <u>State K</u>
3. Address of Operator Box 633, Midland, Texas 79701		9. Well No. <u>2</u>
4. Location of Well UNIT LETTER <u>I</u> <u>660</u> FEET FROM THE <u>North</u> LINE AND <u>760</u> FEET FROM THE <u>East</u> LINE, SECTION <u>31</u> TOWNSHIP <u>17S</u> RANGE <u>35E</u> NMPM.		10. Field and Pool, or Wildcat <u>Vacuum Grayburg/San Antonio</u>
15. Elevation (Show whether DF, RT, GR, etc.) <u>3984 DF</u>		12. County <u>Lea</u>

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"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>	OTHER <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.

- Installed identified risers and surface valves on outlet of all unexposed casing strings.
- Installation was inspected and approved by NMOC personnel

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.			
Original Signed by: (Mrs.) Christine U. Tucker		DATE <u>2-9-76</u>	
SIGNED	TITLE <u>Authorized Agent</u>		
APPROVED BY <u>[Signature]</u>		DATE	
CONDITIONS OF APPROVAL, IF ANY:			