18. I hereby certify that the information Original Si (Mrs.) Christif	igned by:		rmy knowledge and bolio thorized Agent	ſ.	DATE 5 - 2	? Y - 76	
			r nu krond des - 10 °C				
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Installation wa	s inspected a	nd approved	by MMOOG person	mer			
* Talka11 - 61 - 6	0 100-04-3 -	nd annual	hy NMOOC - and	un o 1			
· installed ldent	iried risers	anu Surrace	vaives on outle	CULAII	инехрозец	casing still	υ <sup>2</sup>
· Installed ident	ified micens	and surface	values on outlo	t of all	unexnosed	casing strin	id:
17. Describs Proposed or Completed O work) SEE RULE 1703.	perations (Clearly sta	te all pertinent der	is, and give pertinent da	tes, including e	stimated date of	starting any propose	d
OTHER							
FULL OR ALTER CABING	CHAN	GE PLANS	CASING TEST AND CEMENT	100		<u>[X</u>	_)
TEMPORARILY ABANDON		[]	COMMENCE DRILLING OFFE	<del>-</del>		THE THE THE THE THE THE	
PERFORM REMEDIAL WORK	PLUG	AND ABANDON	REMEDIAL WORK		ALTER	ING CASING	7
Check	Appropriate Box NTENTION TO:	To Indicate in	wwe of Notice, Re su	-	er Data REPORT OF:		
		4001 G	<u>L</u>		Lea		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
		tion (Show whether			12. County		• -
THE SOUTH LINE, SECTION 36 TOWNSHIP 17-8 RANGE 34-E NMPM.							
UNIT LETTER	660 FEET FROM	THE West	LINE AND 2180	FEET FROM	Vac His	rich	- i
Box 633, Midland, Texa			<u></u>		رکن 10. Field and Po	ol, or Wildcat	
3. Address of Operator					9. Woll No.		
2. Name of Operator  Mobil Oil Corporation					Atiti. I		
I. OIL WELL WELL WELL	OTHER-				7. Unit Agreemen	t Name	
SUNDRY NOTICES AND REPORTS CHAWELLS  (DO NOT USE THIS FORM FOR PROPOSALS TO DELLE OF TO DEEPER OF MEET OF A DIFFERENT RESERVOIR.  USE "APPLICATION FOR PERMIT " (FORM C-101) FOR EACH PROPOSALS.)							
ZUNIZ	OV NOTICES AND	DEDODITE	13321 1 C				
OPERATOR					5. State Oil & Go		
LAND OFFICE	1				State X	Fee	
FILE				Г	5a. Indicate Type	of Lease	
SANTAFE	NEM WE	EXICO OIL CONS	ERVATION COMMISSIO	И	Effective 1-1-	6\$	
· · · · · · · · · · · · · · · · · · ·	4			!	Supersedes O C-102 and C		
DISTRIBUTION	ł						
		,		i	Form C-103		

CONDITIONS OF APPROVAL, IF ANY