NO. OF COPIES RECEIVED		~	•
DISTRIBUTION			Form C-103 Supersedes Old
SANTAFE	NEW MEXICO ON DIFFERENCE IN PART	to Rodinal com	C-102 and C-103
FILE	NEW WEXICOLDIBECHOTHER COL	HUR LAWWI2210M	Effective 1-1-65
U.S.G.S.	No. 26 11 . a	111 1PP	5a. Indicate Type of Lease
LAND OFFICE	Nov 30 11 45	M '00	State X Fee
OPERATOR			5. State Oil & Gas Lease No.
			B-1518
SUNDR (DO NOT USE THIS FORM FOR PROI USE "APPLICATI	Y NOTICES AND REPORTS ON WELLS POSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A ON FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSA	DIFFERENT RESERVOIR.	
OIL X GAS WELL	OTHER-		7. Unit Agreement Name
2. Name of Operator			8. Farm or Lease Name
Mobil Oil Corporation 3. Address of Operator			State DD 1 / / /
·			9. Well No.
P.O. Box 633, Midland, Texas 79701			1
	25		10. Field and Pool, or Wildcat
UNIT LETTER,	35 FEET FROM THE West LINE A	ND FEET FROM	Vacuum Abo. No.
THE North LINE, SECTION	31 TOWNSHIP 178	35ENMPM.	
	15. Elevation (Show whether DF, RT, C	`P 1	
		π, εισ.)	12. County Lea
16. Check A	phropriate Roy To Judiana Nation		
Check Appropriate Box To Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK	PLUG AND ABANDON REMEDIA	- WORK	ALTERING CASING
TEMPORARILY ABANDON	COMMENC	E DRILLING OPNS.	PLUG AND ABANDONMENT
PULL OR ALTER CASING	CHANGE PLANS CASING T	EST AND CEMENT JOB	•
OTHER	OTHER	Acidize to incre	ease production X
		•	
17. Describe Proposed or Completed Oper	ations (Clearly state all pertinent details, and gi	ve pertinent dates including a	etimated Jan 5
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.			
10,553 TD 9390 P	BTD Abo No. perfs (9287 - 93	320)	
gals lease oil. To	Service DD Unit. Pull rods .5% stabilized Unisol acid + 1 eated with 6 gals LST-6 down . SIP - Vac. Job completed 2:	.200 gals Xylene, s csg. TCP - 0 to 2	noarhooded/2000
Production before to Production after tr	reatment: 66 BOPD + 40 BWPD. eatment: 66 BOPD + 48 BWPD.		
			•
	•		
	•		
8. I hereby certify that the information ab	ove is true and complete to the best of multi-		

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY: