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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 ☒ Fee ☐
5. State Oil & Gas Lease No.
B-1527

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR RE-ENTER TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT TO DRILL" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- 2. Name of Operator <u>Mobil Oil Corporation</u> 3. Address of Operator <u>Box 633, Midland, Texas 79701</u> 4. Location of Well UNIT LETTER <u>P</u> <u>660</u> FEET FROM THE <u>East</u> LINE AND <u>760</u> FEET FROM THE <u>South</u> LINE, SECTION <u>31</u> TOWNSHIP <u>17S</u> RANGE <u>35E</u> NMPM. 15. Elevation (Show whether OP, RT, GR, etc.) <u>3978 GR</u>	7. Unit Agreement Name 8. Farm or Lease Name <u>State K</u> 9. Well No. <u>8</u> 10. Field and Pool, or Wildcat <u>Vacuum Glorieta</u> 12. County <u>Lea</u>
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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"/> TEMPORARILY ABANDON <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> OTHER <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/> COMMENCE DRILLING OPNS. <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 1503.

Installed identified risers and surface valves on outlet of all unexposed casing strings
Installation was inspected and approved by NMOCC 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 O. Tucker
SIGNED _____ TITLE Authorized Agent DATE 2-9-76

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: