NO. OF COPIES RECEIVED			Form C-103
DISTRIBUTION	,	india to the state of the state	Supersedes Old C-102 and C-103
SANTA FE		SERVATION COMMISSION	Effective 1-1-65
FILE	i i	23° M. en 11 1163	
U.S.G.S.	4	43 100	Sa. Indicate Type of Lease
LAND OFFICE	-		State X Fee. 5. State Oil & Gas Lease No.
OPERATOR	_		B=2735
SUNDRY NOTICES AND REPORTS ON WELLS  (DO NOT USE THIS FORM FOR PROPOSALS TO BRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR.  USE "APPLICATION FOR PERMIT —" (PORT C-101) FOR SUCH PROPOSALS.)			
1.	TION FOR PERMIT -" (FORM C-101) FOR SU	CH PROPOSALS.)	7. Unit Agreement Name
OIL X GAS WELL 2. Name of Operator	OTHER-	7.	
SOCONY MOBIL OIL COMPANY, INC.			8. Farm or Lease Name State P
3. Address of Operator			9. Well No.
P. O. Box 1800, Hobbs, New Mexico			7
4. Location of Well			10. Field and Pool, or Wildcat
UNIT LETTER,	660 FEET FROM THE East	LINE AND 330 FEET PROP	Vacuum Glorieta
THE South LINE, SECT	1° 100 100 1000 1000 1000 1000 1000 100	7S RANGE 35E NMPM	
	15. Elevation (Show whether	r DF, RT, GR, etc.)	12. County
	3930 GR		Lea
16. Check	Appropriate Box To Indicate 1	Nature of Notice Report of Or	ther Data
	NTENTION TO:		T REPORT OF: ,
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON		COMMENCE DRILLING OPNS.	PLUG AND ABANDONMENT
PULL OR ALTER CASING	CHANGE PLANS	CASING TEST AND CEMENT JOB TOTAL	y Abandoned X
OTHER		OTHER	
<ol> <li>Describe Proposed or Completed O. work) SEE RULE 1105.</li> </ol>	perations (Clearly state all pertinent des	tails, and give pertinent dates, including	s estimated date of starting any proposed
TD 4200			
TD 6300*		. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	•
PB 6214*	•		
0-21			
Drilled dry, hel	d for workover.		
• •			
18. I hereby certify that the information	above is true and complete to the best	of my knowledge and belief,	
18. I hereby certify that the information	above is true and complete to the best	of my knowledge and belief.	
18, I hereby certify that the information	above is true and complete to the best	of my knowledge and belief.  Group Supervisor	DATE
ch Ka	above is true and complete to the best		. date <u>1-1-66</u>
ch Ka	above is true and complete to the best		

CONDITIONS OF APPROVAL, IF ANY