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LAND OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

AUG 27 7 54 AM '66

3a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>	
5. State Oil & Gas Lease No. P-2146	
7. Unit Agreement Name	
8. Farm or Lease Name State "CC" <i>CC</i>	
9. Well No. 1	
10. Field and Pool, or Wildcat Vacuum Holcom	
12. County Lea	

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR.
USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	2. Name of Operator Mobil Oil Corporation
3. Address of Operator P. O. Box 1180, Hobbs, New Mexico	4. Location of Well UNIT LETTER <u>L</u> <u>1980</u> FEET FROM THE <u>South</u> LINE AND <u>360</u> FEET FROM THE <u>West</u> LINE, SECTION <u>36</u> TOWNSHIP <u>28S</u> RANGE <u>31E</u> NMPM.
15. Elevation (Show whether DF, RT, GR, etc.) 1001 DF	

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>

SUBSEQUENT REPORT OF:

REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
CASING TEST AND CEMENT JOBS <input type="checkbox"/>	OTHER <u>T. Well returned to Production</u> <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.

TD 12,080'
PB 12,045'

3-10-66 Well swabbed and returned to production

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED *A. A. Payne* TITLE Authorized Agent DATE 7-31-66
APPROVED BY *[Signature]* TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: