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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 <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.
B 1520

(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.)

## SUNDRY NOTICES AND REPORTS ON WELLS

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator Socony Mobil Oil Company, Inc.	8. Farm or Lease Name State Bridges
3. Address of Operator Box 1800, Hobbs, New Mexico	9. Well No. 103
4. Location of Well UNIT LETTER <u>E</u> <u>2310</u> FEET FROM THE <u>North</u> LINE AND <u>660</u> FEET FROM THE <u>West</u> LINE, SECTION <u>25</u> TOWNSHIP <u>17S</u> RANGE <u>34E</u> NMPM.	10. Field and Pool, or Wildcat Vacuum Glorieta
15. Elevation (Show whether DF, RT, GR, etc.) GR 4017	12. County Lea

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"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input checked="" type="checkbox"/>	OTHER <input 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 110.

Set 6200' of 9.5# 4 1/2" casing @ 6200'. Cemented w/3155 sx. Trinity Litewate + 100 sx. Incor Neat + 1/4#/sx. Flocele first 600 sx. Plug down at 10:30 A. M. 1-2-65. Cement circulated. WOC 60 hours. Tested 4 1/2" casing w/1500# for 30 minutes. Tested OK.

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

SIGNED A. J. McDaniel TITLE Group Supervisor DATE 1-6-65

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY: