NO. OF COPIES RECEIVED	,		Form C-103
DISTRIBUTION			Supersedes Old
SANTA FE	NEW ME	XICO OIL CONSERVATION COMMISSION	C-102 and C-103 Effective 1-1-65
ILE			Ettactive 1-1-02
.s.g. s.]		5a. Indicate Type of Lease
AND OFFICE]		State Fee Fee
PERATOR	1		5. State Oil & Gas Lease No.
	•		B-1527
SUNDE	Y NOTICES AND	DEDOG to address to c	minimi
SUNDRY NOTICES AND REPORTS OF WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DEPLY OF TO BEEPEN OR WITH THE A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT " WORM C-101) FOR 1 A PROPOSALS.)			
/		TWO COLOTY: UNITED STREPSSALS.)	
OIL WELL GAS	OTHER- TA		7. Unit Agreement Name
Name of Operator			
Mobil Oil Corporation			B. Farm or Lease Name
Address of Operator			State K
Box 633, Midland, Texa	s 79701		9. Wall No.
Location of Well	3 73701		9
	avn		10. Field and Pool, or Wildcat
URIT LETTER	980 FEET FROM	THE FOOT LINE AND 9110 FEET F	Par Vacuum Glarieta
6. 4	0.1		THE THE PARTY OF T
THE JOHN LINE, SECTION	ON	WASHIP 175 RANGE 35E NM	
mmmmm.			
	15. Elevation	on (Show whether DF, RT, GR, etc.)	12. County
	7////	3973 GR	Lea ()
Check A	Appropriate Box 7	To Indicate howe of Notice, Report or (
NOTICE OF IN	TENTION TO:	we or Notice, Report of	Other Data
		SUBSEQUE	ENT REPORT OF:
FORM REMEDIAL WORK	PLUG A	IND ABANDON REMEDIAL WORK	
APORARILY ABANDON			ALTERING CASING
L OR ALTER CASING	Ellanos	COMMENCE DRILLING OPNS.	PLUG AND ACANDONMENT
	CHANGE	CASING TEST AND CEMENT JOB	
OTHER	•	OTHER	
	<u> </u>		
Describe Proposed or Completed Ope	arations (Clearly state	all pertinent deveils, and give pertinent dates, includ-	
WORK) SEE RULE 1103.	•	t seems actives, and give pertinent dates, include	ing estimated date of starting any propose
		•	
. Inctalled dames	r: 1 ·		
Installed identi	fied risers an	nd surface valves on outlet of a	ll unexposed casing string
Installation was	inspected and	approved by NMOCC personnel	,
	and and	. approved by Mnocc personner	:
•		* ·	
			-
		,	
		•	
	•		
hereby certify that the information of	bove is true and execut-	ete to the best of my knowledge and belief.	
3	a. O.E.1160 179	cte to the best of my knowledge and belief.	
(Mrs.) (Christine O. Tucker		
0		TITLE Authorized Agent	DATE 2-9-176
			CV7 . mms
YEO BY		TITLE	
	120011		DATE
DITIONS OF APPROVAL, IF ANYL			