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NEW MEXICO OIL CONSERVATION COMMISSION  
 OIL & GAS DIVISION  
 JAN 23 9 54 AM '67

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

|                                                                                                      |
|------------------------------------------------------------------------------------------------------|
| 5a. Indicate Type of Lease<br>State <input checked="" type="checkbox"/> Fee <input type="checkbox"/> |
| 5. State Oil & Gas Lease No.<br>B-1527                                                               |
| 7. Unit Agreement Name                                                                               |
| 8. Farm or Lease Name<br>State K                                                                     |
| 9. Well No.<br>2                                                                                     |
| 10. Field and Pool, or Wildcat<br>Vernal Clarificta                                                  |
| 12. County<br>Los                                                                                    |

**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<br>Mobil Oil Corporation                                                                                                 |
| 3. Address of Operator<br>P. O. Box #620, Midland, Texas                                                                                     |
| 4. Location of Well<br>UNIT LETTER J 1980 FEET FROM THE East LINE AND 2110 FEET FROM THE South LINE, SECTION 31 TOWNSHIP 17S RANGE 35E NMPM. |
| 15. Elevation (Show whether DF, RT, GR, etc.)<br>3973 GL                                                                                     |

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 JOB <input type="checkbox"/> | OTHER Remedial work. <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.

6200' TD. 6163' PBT. Glor Perfs (6007 - 6047) OL.  
 12/28/66

Ran BOP Huskey pkr on 2-3/8" tbg. Set @ 6027. Attempted to load backside, would not load. Pumped into perfs 6033-47 - 5000. Chemical Engr Co. acidized perfs 6033 - 47 with 5000 gals 15% NE iron stabilized acid. TYP 1400-1800. Rate 8.0 BPM.  
 ISIP - Vac. Job compl 11:55 AM 12/28/66.

Production before treatment: 22 BOPD. No wtr. GOR: 1551/1  
 Production after treatment: 25 BOPD. + 5 BAW.

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

SIGNED [Signature] TITLE Authorized Agent DATE 1/13/67  
 APPROVED BY [Signature] TITLE  DATE   
 CONDITIONS OF APPROVAL, IF ANY

APPROVED  
[Signature]