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NEW MEXICO OIL CONSERVATION COMMISSION

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

March 15, 1965

5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. B-1527
7. Unit Agreement Name
8. Farm or Lease Name State "K"
9. Well No. 9
10. Field and Pool, or Wildcat Vacuum - Glorieta
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 - II" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. Name of Operator
Socony Mobil Oil Company, Inc.

3. Address of Operator
Box 1800, Hobbs, New Mexico

4. Location of Well
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.)
3975' GR

16. 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 JOBS <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 1103.

Set 6200' of 4 1/2" 9.5# J-55 casing at 6200'. Cemented w/2575 sx Tr. Litewater + 100 sx Incor Neat + 1/4#/sx flocele in first 600 sx. Plug down at 12 Noon, 3-9-65. Cement circ. WCC 78 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 J. J. McDaniel TITLE Group Supervisor DATE 3-15-65

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: