NO. OF COPIES RECEIVED			Form C-103	
DISTRIBUTION			Supersedes Old	
SANTA FE	NEW MEXICO OIL CONSE	RVATION COMMISSION	C-102 and C-103	
FILE		TOTAL COMMISSION	Effective 1-1-65	
U.S.G.S.			5a. Indicate Type of Lease	
LAND OFFICE			State K Fee	
OPERATOR			5. State Oil & Gas Lease No.	
			B 1520	
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USI: 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.)				
OIL X GAS WELL	OTHER-		7. Unit Agreement Name	
2. Name of Operator			8. Farm or Lease Name	
Socony Mobil Oil Comp	oany, Inc.		State Bridges	
3. Address of Operator			9. Well No.	
Box 1800, Hobbs, New	Mexico		104	
4. Location of Well			1	
UNIT LETTER B 52	20 FEET FROM THE North	LINE AND 2120 FEET FROM	Vacuum, N. Abo, Wolf- camp, Upper Penn.	
Fact	25 170	0.45		
THE LUSC LINE, SECTION	25 TOWNSHIP 17S	RANGE 34E NMPM.		
	15. Elevation (Show whether Di	F, RT, GR, etc.)	12. County	
	4020' GL		Lea	
Check A	ppropriate Box To Indicate No.	ture of Notice Disease Out		
Check Appropriate Box To Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: SUBSECUENT REPORT OF				
		SUBSEQUENT	FREPORT OF:	
PERFORM REMEDIAL WORK	PLUG AND ABANDON			
TEMPORARILY ABANDON	<u></u>	REMEDIAL WORK	ALTERING CASING	
PULL OR ALTER CASING		COMMENCE DRILLING OPNS.	PLUG AND ABANDONMENT	
	CHANGE PLANS	CASING TEST AND CEMENT JOB		
OTHER	[-]	OTHER		
			•	
17. Describe Proposed or Completed Oper work) SEE RULE 1103.	ations (Clearly state all pertinent details	, and give pertinent dates, including	estimated date of starting any proposed	
1/4#/sx flocele. Plu	ny commenced drilling ope 8# H-40 casing at 365'. g down at 3:30 PM 4-29-65 w/1000#for 30 minutes.	Cemented w/300 sx inco	am nont 4 00/ 114 E	
 Volume of Slur Incor neat + 2 Temperature of Minimum format Strenght of cer 	ry 300 sxs 396 cu ft. % HA-5 & 1/4#/sx flocele	:i		

18. I hereby certify that the information above is true and complet	e to the best of my knowledge and helief.	
SIGNED MARKET	TITLE Group Supervisor	DATE5-4-65
APPROVED BY	TITLE	DATE
CONDITIONS OF APPROVAL, IF ANY!		