NO. OF COPIES RECEIVED		Form C-103
DISTRIBUTION		Supersedes Old
SANTA FE	NEW MEXICO OIL CONSERVATION COMMISSION	C-102 and C-103
FILE	The state of the s	Effective 1-1-65
U.S.G.S.		5a. Indicate Type of Lease
LAND OFFICE		State X Fee
OPERATOR		5. State Oil & Gas Lease No.
		B-1520
I2	INDRY NOTICES AND DEPORTS ON WELLS	minimum in
(DO NOT USE THIS FORM F USE **AP	JNDRY NOTICES AND REPORTS ON WELLS OR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. PLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)	
1.	TORM CHOTY FOR SOLA PROPOSALS.)	7. Unit Agreement Name
OIL X GAS WELL	OTHER-	7. Our Agreement Name
2. Name of Operator		8. Farm or Lease Name
Socony Mobil	Oil Company, Inc.	
3. Address of Operator	CII Company, Inc.	State Bridges
Box 1800 4a	bbs, New Mexico	9. Well No.
4. Location of Well	obs, wew mexico	105
٨	660 Noveb 500	10. Field and Pool, or Wildcat
UNIT LETTER	, 660 FEET FROM THE North LINE AND 500 FEET FROM	Undesignated Glorieta
Fac+	26	
THELINE,	SECTION 26 TOWNSHIP 17S RANGE 34E NMPM.	
	15, Elevation (Show whether DF, RT, GR, etc.)	
		12. County
16.	4010 GL	Lea
Cho	eck Appropriate Box To Indicate Nature of Notice, Report or Oth	er Data
NOTICE	OF INTENTION TO: SUBSEQUENT	
	_	
PERFORM REMEDIAL WORK	PLUG AND ABANDON REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON	COMMENCE DRILLING OPNS.	PLUG AND ABANDONMENT
PULL OR ALTER CASING	CHANGE PLANS CASING TEST AND CEMENT JOB	
	OTHER	
OTHER		
7. Describe Proposed or Complete	ed Operations (Clearly etate all main at 1	
work) SEE RULE 1103.	ed Operations (Clearly state all pertinent details, and give pertinent dates, including e	stimated date of starting any proposed
Set 1010, Of 24	ing Company commenced drilling operations @ 1:30 PM, # 8 5/8" casing at 1516'. Cemented w/850 sx Incorecele + 2% HA5. Plug down @ 5:45 AM, 3-20-65. Cemented 8 5/8" casing w/1000# for 30 minutes, tested OK.	1 10 and 1 50 am
3. I hereby certify that the information	ation above is true and complete to the best of my knowledge and belief.	
(1)	//	
GNED X / MEN/ana	TITLE Group Supervisor	3 - 25 - 65
		DATE
· · · · · · · · · · · · · · · · · · ·		

ONDITIONS OF APPROVAL, IF ANY!