

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

# NEW MEXICO OIL CONSERVATION COMMISSION

Feb 11 11 45 AM '66

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

5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. B-1520
7. Unit Agreement Name
8. Farm or Lease Name State Bridges
9. Well No. 109
10. Field and Pool, or Wildcat Vac. N. Abo, Wolfcamp, Upper penn.
12. County Lea

## SUNDY 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 Socony Mobil Oil Company, Inc.
3. Address of Operator Box 1800, Hobbs, New Mexico
4. Location of Well UNIT LETTER <u>N</u> <u>1830</u> FEET FROM THE <u>West</u> LINE AND <u>610</u> FEET FROM THE <u>South</u> LINE, SECTION <u>24</u> TOWNSHIP <u>17-S</u> RANGE <u>34-E</u> NMPM.
15. Elevation (Show whether DF, RT, GR, etc.) 4016 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 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 1705.

Set 990' 40# + 3990' 36# of 9-5/8" Casing @ 4980', cemented w/2500 sx. Incor 6% Gel w/1/4# floreal in 1st. 500 sx. + 100 sx Incor Neat. Plug down 2:00 P.M. 2-8-66. Cement did not cir. WOC 8 hrs. Ran Temp. Survey, Top of cement 1900', WOC total 24 hours. Tested 9-5/8" casing w/1000# 30 min. OK.

200051

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

SIGNED <u>E. J. Kenyon</u>	TITLE <u>Group Supervisor</u>	DATE <u>2-10-66</u>
APPROVED BY <u></u>	TITLE <u></u>	DATE <u></u>
CONDITIONS OF APPROVAL, IF ANY:		