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NEW MEXICO OIL CONSERVATION COMMISSION

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

5a. Indicate Type of Lease
State ☒ Fee ☐

5. State Oil & Gas Lease No.

B-1520

SUNDRY NOTICES AND REPORTS OF WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR TO MOVE A WELL TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT TO DRILL" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- 2. Name of Operator Mobil Oil Corporation 3. Address of Operator Box 633, Midland, Texas 79701 4. Location of Well UNIT LETTER <u>F</u> <u>2130</u> FEET FROM THE <u>N</u> LINE AND <u>1980</u> FEET FROM THE <u>W</u> LINE, SECTION <u>25</u> TOWNSHIP <u>17</u> RANGE <u>34</u> NMPM. 15. Elevation (Show whether DF, RT, GR, etc.) 12. County Lea	7. Unit Agreement Name 8. Farm or Lease Name <u>Bridges State</u> 9. Well No. <u>108</u> 10. Field and Pool, or Wildcat <u>W. K. K. Camp</u>
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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 type="checkbox"/>	OTHER <input checked="" type="checkbox"/>

16. 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.

Installed identified risers and surface valves on outlet of all unexposed casing strings.

Installation was inspected and approved by NMOC personnel

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

Original Signed by:

(Mrs.) Christine O. Tucker

SIGNED _____

TITLE Authorized Agent

DATE 5-25-76

APPROVED BY _____

TITLE _____

DATE _____

CONDITIONS OF APPROVAL, IF ANY: