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NEW MEXICO OIL CONSERVATION COMMISSION

Nov 11 11 31 AM '65

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.

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 -" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator Socony Mobil Oil Company, Inc.	8. Farm or Lease Name State Bridges
3. Address of Operator P. O. Box 1800, Hobbs, New Mexico 88240	9. Well No. 108
4. Location of Well UNIT LETTER F 2130 FEET FROM THE North LINE AND 1980 FEET FROM THE West LINE, SECTION 25 TOWNSHIP 17-S RANGE 34-E NMPM.	10. Field and Pool, or Wildcat Vacuum N. Abo, Wolfcamp, Upper Penn
15. Elevation (Show whether DF, RT, GR, etc.) 4010 GL	12. County Lea

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 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 1103.

Set 5000' of 9-5/8", 36#-40#, J-55, ST&C Csg. @ 5000', cemented w/2500 sx. Incor 6% Gel + 1/4#/sx Floseal + 100 sx. Incor Neat. Plug down 10:30 p. m., 11-7-65. Cement circ. top of 40# Csg. @ 4377'. WOC 24 hrs. Tested w/1000# 30 min. OK.

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

SIGNED E. J. Kennon TITLE Group Supervisor DATE 11-9-65

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: