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NO. OF COPIES RECEIVED		Form C-103
DISTRIBUTION		Supersedes Old
SANTA FE	NEW MEXICO CIL CONSERVATION COMMISSION	C-102-and C-103 Effective 1-1-65
FILE	0-20	
U.S.G.S.	OCT 28 11 18 AN 365	5a. Indicate Type of Lease
LAND OFFICE	mi 69	State X Fee.
OPERATOR		5. State Oil & Gas Lease No.
		B-1520
(DO NOT USE THIS FORM	UNDRY NOTICES AND REPORTS ON WELLS FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. PPLICATION FOR PERMIT _" (FORM C-101) FOR SUCH PROPOSALS.)	
1. OIL X GAS WELL X WELL [OTHER-	7. Unit Agreement Name
2. Name of Operator		8. Farm or Lease Name
Socony Mobil Oil C	ompany. Inc.	'
3. Address of Operator	any a Line	State Bridges
Box 1800, Hol	bbs, New Mexico	
4. Location of Well	oo, new meater	108
UNIT LETTER F	. 2130 FEET FROM THE North LINE AND 1980 FEET FROM	Vacuum N. Abo, Wolfcamp, Upper Penn.
THE Wast LINE	SECTION 25 TOWNSHIP 17-S RANGE 34-E NMPM.	
	15. Elevation (Show whether DF, RT, GR, etc.)	12. County
	4010 GI.	
CI NOTICE	neck Appropriate Box To Indicate Nature of Notice, Report or Oth OF INTENTION TO: SUBSEQUENT	er Data REPORT OF:
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 X	TOO AND ABOUNDER!
	OTHER	
OTHER		
17. Describe Prorosed or Compl	Stad Connection (Cl. 1	
work) SEE RULE' 1103.	eted Operations (Clearly state all pertinent details, and give pertinent dates, including a	estimated date of starting any proposed
Commenced drilling	operations @ 10:00 A.M., 10-18-65	
Set 365' of 13-3/8" floseal. Plug down	48# H-40 casing @ 365', cemented w/300 sx Incor Nea @ 10:30 P.M. 10-18-65. Cement circ. WOC 12 hours.	t 2% Ca Cl + 1/4#/sx Tested w/1000# 30 min. OK
Test data for less	than 18 hours WOC Time (NMOCC Data).	•
(2) Incor Neat 2% 0(3) Temperature of(4) Minimum formati(5) Strength of cem	y 300 sax - 396 cu. ft. a Cl + 1/4#/sx Floseal. slurry mix - 70° F. on temperature - 70° F. ent in 12 hours - 1385 psi. ent in place prior to test - 12 hours.	

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief. Group Supervisor CONDITIONS OF APPROVAL, IF ANYI