NO. OF COPIES RECEIVED			Form C-103 Supersedes Old
DISTRIBUTION			
SANTA FE	NEW MEXICO OIL CONS	NEW MEXICO OIL CONSERVATION COMMISSION -	
FILE	i	10 17 2 3 .17 66	
U.S.G.S.		J July	5a. Indicate Type of Lease
LAND OFFICE		-	State X Fee
OPERATOR			5. State Oil & Gas Lease No.
			B-1520
(11)			
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.	TICKTION FOR FEMALE - (FORM COTOT) FOR SEC	.n PROPUSALS./	7. Unit Agreement Name
OIL X GAS WELL	OTHER-		
2, Name of Operator			8, Farm or Lease Name
Socony Mobil Oil Company, Inc.			State Bridges
3. Address of Operator			9. Well No.
			110
Box 1800, Hobbs, New Mexico 4. Location of Well			
			10. Field and Pool, or Wildcat
UNIT LETTER B 2310 FEET FROM THE East LINE AND FEET FROM			Vacuum Glorieta
THE North LINE, S	17-5 township	34-E	
	15. Elevation (Show whether	DF, RT, GR, etc.)	12. County
	4008 G.L.		Lea
Check Appropriate Box To Indicate Nature of Notice, Report or Other			ther Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:			
NOTICE O	THILITION TO.	30B3EQUE.II	VI REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON	<u></u>	COMMENCE DRILLING OPNS.	PLUG AND ABANDONMENT
PULL OR ALTER CASING	CHANGE PLANS	CASING TEST AND CEMENT JOB	
	[—]	OTHER	
OTHER			
17. Describe Proposed or Complete	ed Operations (Clearly state all pertinent det	ails, and give pertinent dates, includio	ny estimated date of starting any proposed
work) SEE RULE 1 103.	, , , , , , , , , , , , , , , , , , , ,	, g p	ag committee and of orange any proposed
Commenced drilling	operations @ 6:30 P.M. 2-14	1-66	
Set 1592' of 8-5/8" 24# casing @ 1592', cemented w/850 sx Incor 4% gel w/l/4# floseal +			
50 sx Incor Neat w/1/4# floseal. All cement contained 2% HA-5. Plug down 4:15 P.M. 2-16-66			
Cement circ. WOC 18 hours. Tested w/1000# 30 min. OK.			
18 I hereby carrify that the inform	ation above is true and complete to the best of	of my knowledge and ballof	
10. I hereby certify that the informa-	action above to time and complete to the Dest (or my knowledge and netter.	
0/1	a		
SIGNED	TITLE G	roup Supervisor	
48000VED 4V			DATE

CONDITIONS OF APPROVAL, IF ANY: