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NEW MEXICO OIL CONSERVATION COMMISSION

MAY 11 11 22 AM '66

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 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 633, Midland, Texas - 79701	9. Well No. 112
4. Location of Well UNIT LETTER D 660 FEET FROM THE North LINE AND 860 FEET FROM THE West LINE, SECTION 25 TOWNSHIP 17-S RANGE 34-E NMPM.	10. Field and Pool, or Wildcat Vac. No. Abo Wolfcamp Upper Penn.
11. 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 1-03.

Set 5000' of 9-5/8" 36# & 40# casing (35 jts. 40# N-80 ST&C + 127 jts. 36# J-55 ST&C) cemented 9-5/8" on bottom by Howco w/2500 sx Incore 6% gel + 100 Incore Neat. Plug down @7:00 P.M. 4-20-66. WOC 24 hours. Tested BOP's and casing w/1,000 #, 30 min. O.K.

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

Original Signed By:

T. A. PAYNE

SIGNED T. A. Payne

TITLE Authorized Agent

DATE May 10, 1966

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: