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NEW MEXICO OIL CONSERVATION COMMISSION

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

SUNDRY NOTICES AND REPORTS ON WELLS <small>(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.)</small>		5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
		5. State Oil & Gas Lease No. B-1520
1. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER-		7. Unit Agreement Name
2. Name of Operator Mobil Oil Corporation		8. Farm or Lease Name Bridges-State
3. Address of Operator P. O. Box 633, Midland, Texas 79701		9. Well No. 116
4. Location of Well UNIT LETTER L , 1880' FEET FROM THE South LINE AND 510' FEET FROM THE West LINE, SECTION 24 TOWNSHIP 17-S RANGE 34-E NMPM.		10. Field and Pool, or Wildcat Vac. U. Penn., Wolfcamp, & Glorieta
15. Elevation (Show whether DF, RT, GR, etc.) 4030 G. L.		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"/> TEMPORARILY ABANDON <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> OTHER <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/>	REMEDIAL WORK <input checked="" type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> CASING TEST AND CEMENT JOBS <input type="checkbox"/> OTHER <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/> PLUG AND ABANDONMENT <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.

August 29, 1966. T.D. 10,436, PBTD 10,375. HOWCo spotted 50 Sax TIN Cement @ 6053. Reset Packer @ 5806. Squeezed Holes @ 6053 w/20 Sax TIN. Max. Pressure 6400. Reverse out 10 Sax. Job Complete @ 7:45 A. M. WOC 18 hours.

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

SIGNED <u>T. A. Payne</u>	TITLE <u>Authorized Agent</u>	DATE <u>9-6-66</u>
APPROVED BY _____	TITLE _____	DATE _____
CONDITIONS OF APPROVAL, IF ANY:		