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NEW MEXICO OIL CONSERVATION COMMISSION

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 Mobil Oil Corporation (Formerly Socony Mobil Oil Co., Inc.)	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 <u>L</u> , <u>1880</u> FEET FROM THE <u>South</u> LINE AND <u>510</u> FEET FROM THE <u>West</u> LINE, SECTION <u>24</u> TOWNSHIP <u>17-S</u> RANGE <u>34-E</u> NMPM.	10. Field and Pool, or Wildcat Vac. U. Penn, Wolfcamp, Glorieta
15. Elevation (Show whether DF, RT, GR, etc.)	12. County

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐

OTHER ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOB ☒
OTHER ☐
ALTERING CASING ☐
PLUG AND ABANDONMENT ☐

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.

July 1, 1966. WOC on 372' 13-3/8" casing, S-40 48#. Cemented @ 372 by Halliburton w/350 sax Incon 2% Ca Cl₂, PD 2:30 A. M. 7/2/1966. Cement circulated. WOC a total of 18 hours on 13-3/8" casing. Tested 13-3/8" casing and BOP w/1000# - 30 min. - O.K.

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

SIGNED Z. A. Payne TITLE Authorized Agent

DATE 7-11-66

APPROVED BY Leslie H. Clements TITLE _____

DATE _____

CONDITIONS OF APPROVAL, IF ANY: