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NEW MEXICO OIL CONSERVATION COMMISSION

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

106 11 11 43 AM '66

5a. Indicate Type of Lease	
State <input checked="" type="checkbox"/>	Fee <input type="checkbox"/>
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	8. Farm or Lease Name Bridges State
3. Address of Operator P. O. Box 633, Midland, Texas 79701	9. Well No. 117
4. Location of Well UNIT LETTER <u>P</u> <u>660</u> FEET FROM THE <u>South</u> LINE AND <u>460'</u> FEET FROM THE <u>East</u> LINE, SECTION <u>23</u> TOWNSHIP <u>17S</u> RANGE <u>34E</u> NMPM.	10. Field and Pool, or Wildcat Vacuum Upper Penn, Vacuum Wolfcamp, Vacuum 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:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>

SUBSEQUENT REPORT OF:

REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input checked="" type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
CASING TEST AND CEMENT JOBS <input 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 1103.

BBM Drilling Company spudded well @9:30 P.M., 7-30-66. Objective: Vacuum Upper Penn zone, Vacuum Wolfcamp and Vacuum Glorieta.

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>8-9-66</u>
APPROVED BY <u></u>	TITLE <u></u>	DATE <u></u>
CONDITIONS OF APPROVAL, IF ANY:		