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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 <input checked="" type="checkbox"/>	Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. <u>6-1520</u>	

## SUNDRY NOTICES AND REPORTS OF WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR TO MOVE TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT TO DRILL" (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 <u>Bridge State</u>
3. Address of Operator Box 633, Midland, Texas 79701		9. Well No. <u>114</u>
4. Location of Well UNIT LETTER <u>K</u> <u>1870</u> FEET FROM THE <u>S</u> LINE AND <u>1880</u> FEET FROM THE <u>W</u> LINE, SECTION <u>24</u> TOWNSHIP <u>17-S</u> RANGE <u>30-E</u> N.M.P.M.		10. Field and Pool, or Wildcat <u>Vas. Maria</u>
15. Elevation (Show whether DF, RT, GR, etc.) <u>4020 CR</u>		12. County <u>Lea</u>

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 type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
CASING TEST AND CEMENT JOBS <input type="checkbox"/>	OTHER <input checked="" 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.

Installed identified risers and surface valves on outlet of all unexposed casing strings.

Installation was inspected and approved by NMOC personnel

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.			
SIGNED <u>Original Signed by:</u> <u>(Mrs.) Christine O. Tucker</u>	TITLE <u>Authorized Agent</u>	DATE <u>5-25-76</u>	
APPROVED BY <u>Christine O. Tucker</u>	TITLE <u></u>	DATE <u></u>	
CONDITIONS OF APPROVAL, IF ANY:			