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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. 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. 115
4. Location of Well UNIT LETTER A , 900 FEET FROM THE North LINE AND 990 FEET FROM THE East LINE, SECTION 25 TOWNSHIP 17-S RANGE 34-E N.M.P.M.	10. Field and Pool, or Wildcat Undesignated
15. Elevation (Show whether DF, RT, GR, etc.) 4018	12. County Lea

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 ☐
OTHER ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

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

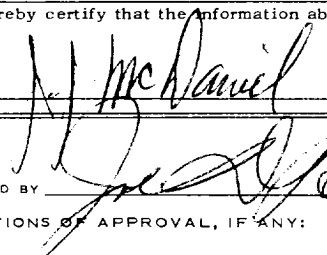
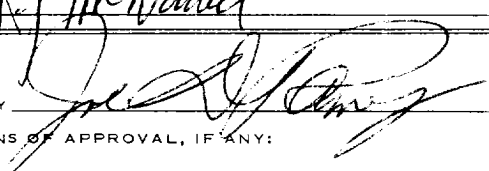
17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

Bridges State Well #115

12/9/68 6242 TD, WOC 5-1/2 Csg.

Finish running 5-1/2 csg to 6242, 29 jts 15.5# J-55 1770' + 163 jts 14.0# J-55 5072', Howco cemented on bottom @ 6242 w/1265x TLLW + 150x Incor Neat cement, PD @10:00 a.m. 12/7/68, calculated top of cemrt 450, nipple up 5-1/2 Tested 5-1/2" OD Csg. 1500# 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 	TITLE Authorized Agent	DATE 1-10-69
APPROVED BY 	TITLE State Engineer	DATE 1-10-69
CONDITIONS OF APPROVAL, IF ANY:		