| NO. OF COPIES RECEIVED  |                      |                         |                     |                              |           | Form C-103                       |   |  |
|---|----------------------|-------------------------|---------------------|------------------------------|-----------|----------------------------------|---|--|
| DISTRIBUTION  |                      |                         |                     |                              |           | Supersedes Oli<br>C-102 and C-10 |   |  |
| SANTA FE  |                      |                         |                     | RVATION COMMISSION           |           | Effective 1-1-6                  |   |  |
| FILE  |                      | 31                      | 0-8 180             | 14 169                       | _         |                                  |   |  |
| U.S.G.S.  |                      | Į l                     | 031 0 0             | Mar and                      |           | 5a. Indicate Type                | of Lease                                |  |
| LAND OFFICE   |                      |                         |                     |                              | -         | State <b>K</b>                   | Fee.                                    |  |
| OPERATOR  |                      | J                       |                     |                              |           | 5. State Oil & Gas               |   |  |
| <del></del>   |                      |                         |                     |                              |           | 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.) |                      |                         |                     |                              |           |                                  |   |  |
| OIL GAS   |                      | OTHER-                  |                     |                              |           | 7. Unit Agreement                | Name                                    |  |
| 2. Name of Operator   |                      |                         |                     |                              |           | 8. Farm or Lease                 | Name                                    |  |
| Mobil 011 Corporation   |                      |                         |                     |                              |           | Bridges State                    |   |  |
| 3. Address of Operator  |                      | · • • •                 |                     |                              |           | 9. Well No.                      |   |  |
| P. O. Box 633, Midland, Texas 79701   |                      |                         |                     |                              |           | 129                              |   |  |
|   | c                    | ).co                    | Noush               | 7 000                        |           | 10. Field and Poo                | · .                                     |  |
| UNIT LETTERB  |                      | FEET FROM               | THE NOTEN           | LINE AND                     | FEET FROM | Vacuum Ab                        | o North                                 |  |
| Fact  |                      | 22                      | 17 c                | 24 5                         |           |                                  |   |  |
| THE   | LINE, SECTIO         | N TO                    | WNSHIP 1/-3         | RANGE <b>34-E</b>            | NМРМ.     |                                  |   |  |
|   | IIIIII               | 15. Elevati             | on (Show whether I  | F, RT, GR, etc.)             |           | 12. County                       | <i>HHHH</i>                             |  |
|   |                      |                         | 4,028 GR            |                              |           | Lea                              |   |  |
| 16.   | Check /              |                         |                     | ature of Notice, Repo        | on Othe   |                                  | *************************************** |  |
| NOTI  | CE OF IN             | TENTION TO:             | 10 Indicate 14      |                              |           | REPORT OF:                       |   |  |
|   |                      |                         |                     | 002.                         | ordor!!!  | KEI OKT OF.                      |   |  |
| PERFORM REMEDIAL WORK   |                      | PLUG :                  | AND ABANDON         | REMEDIAL WORK                |           | ALTERI                           | NG CASING                               |  |
| TEMPORARILY ABANDON   | <u> </u>             |                         |                     | COMMENCE DRILLING OPNS.      |           |                                  | ID ABANDONMENT                          |  |
| PULL OR ALTER CASING  |                      | CHANG                   | E PLANS             | CASING TEST AND CEMENT JO    | )B        |                                  |   |  |
|   |                      |                         |                     | OTHER Perforation            | ed Addit  | ional Abo S                      | ection X                                |  |
| OTHER   |                      |                         |                     |                              |           |                                  |   |  |
| 17. Describe Proposed or Co<br>work) SEE RULE 1103.   | ompleted Op-         | erations (Clearly state | all pertinent detai | ls, and give pertinent dates | including | timated data of a                |   |  |
| Br1dges St  | ate #12              | 9 - <b>Vacuu</b> m Ab   | o North             |                              |           |                                  |   |  |
|   |                      |                         |                     |                              |           |                                  |   |  |
| Perforated  | additi               | onal Abo perf           | orations and        | d stimulated as p            | per       |                                  |   |  |
| Daily Dril  | ling Re              | port attached           | •                   | ·                            |           |                                  |   |  |
|   |                      |                         |                     |                              |           |                                  |   |  |
|   |                      |                         |                     |                              |           |                                  |   |  |
|   |                      |                         |                     |                              |           |                                  |   |  |
|   |                      |                         |                     |                              |           |                                  |   |  |
|   |                      | •                       |                     |                              |           |                                  |   |  |
|   |                      |                         |                     |                              |           |                                  |   |  |
|   |                      |                         |                     |                              |           |                                  |   |  |
|   |                      |                         |                     |                              |           |                                  |   |  |
|   |                      |                         |                     |                              |           |                                  |   |  |
|   |                      |                         |                     |                              |           |                                  |   |  |
|   |                      |                         |                     |                              |           |                                  |   |  |
|   |                      |                         |                     |                              |           |                                  |   |  |
|   |                      |                         |                     |                              |           |                                  |   |  |
| 8. I hereby certify that the  | nformation a         | above is true and comp  | lete to the best of | my knowledge and belief.     |           |                                  |   |  |
| 1 mad   | 1. 1                 | 9                       |                     |                              |           |                                  |   |  |
| IGNED   | and                  |                         | TITLE Auti          | norized Agent                |           | DATE 12-30                       | -69                                     |  |
| <del>- //// '1 'V</del>   |                      |                         |                     |                              |           |                                  |   |  |
| U(U/_p/   | $\gamma \mathcal{A}$ | (La)                    |                     |                              |           |                                  |   |  |
| PPROVED BY  | -1/                  | W/ MIGI                 |                     |                              | r         |                                  | 10-0                                    |  |

CONDITIONS OF APPROVAL, IF ANY: