

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
OPERATOR		

NEW MEXICO OIL CONSERVATION COMMISSION

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

<p align="center">SUNDRY NOTICES AND REPORTS ON WELLS</p> <p align="center"><small>(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.)</small></p>		<p>5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/></p> <p>5. State Oil & Gas Lease No.</p>
<p>1. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER-</p> <p>2. Name of Operator Mobil Oil Corporation</p> <p>3. Address of Operator Box 633, Midland, Texas 79701</p> <p>4. Location of Well UNIT LETTER <u>F</u> <u>1980</u> FEET FROM THE <u>N</u> LINE AND <u>1980</u> FEET FROM THE <u>W</u> LINE, SECTION <u>26</u> TOWNSHIP <u>17-8</u> RANGE <u>34-E</u> NMPL.</p>	<p>7. Unit Agreement Name</p> <p>8. Farm or Lease Name North Vac Abo Unit</p> <p>9. Well No. <u>118</u></p> <p>10. Field and Pool, or Wildcat North Vac - Abo</p>	
<p>15. Elevation (Show whether DF, RT, CR, etc.) <u>4030GR</u></p>		<p>12. County Lea</p>

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <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 1503.

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

Installation was inspected and approved by NMOOC personnel

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

Original Signed by:
SIGNED (Mrs.) Christine O. Tucker TITLE Authorized Agent DATE 5-25-76

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: