NO. OF COPIES RECEIVED					Form C-103		
DISTRIBUTION		1			Supersedes Old		
SARTA FE	NEW MEXICO OIL CONSERVATION COMMISSION				C-102 and C-103 Effective 1-1-65		
FILE					Elloctive 1-1-	63	
U.S.G.S.			•		Sa. Indicate Type	of Lease	
LAND OFFICE					State 7	Foe	
OPERATOR					5. State Oil & Ga	· · · · ·	
(DO HOT USE THIS FORM FOR	NDRY MOTICES AND	REPORTS OF WELL	S A DIFFERENT RESERVO	la.			
OIL GAS WELL	OTHER.				7. Unit Agreemen	t Name	
, Name of Operator					8. Farm or Lease	Name	
Mobil Oil Corporation					Alale X		
Address of Operator					9. Well No.		
Box 633, Midland, Te	exas 79701			!	6		
Location of Well	1993	THE E LIN	660	:	10. Field and Poo	licing - S.A.	
/	FEET PROIZ	THELIN	E AND CO. CO.	FEET FROM	minni	THINKIT	
THE LINE, SE	ection <u>22</u> to	WNSHIP 17-8	RANGE 34-E	NMPM.			
15. Elevation (Shaw whather OF, KT, GR, etc.)					12. County	4.744	
		4049EL			Lea		
					!	77777777	
Chec	k Appropriate Box	Lo indicate tarune					
NOTICE OF	FINTENTION TO:		sub:	SEQUENT	REPORT OF:		
		,		(_	
PERFORM REMEDIAL WORK	PLUG A	AND ABANDON REME	DIAL WCSK	닏	ALTERI	NG CASING	
TEMPORARILY ABARDON		<u></u>	ENCE DRILLING OPHS.		PLUG A	THEMHOOMAGE C	
PULL OR ALTER CASING	CHANG	E PLANS GASIN	G TEST AND CEMERT JO	a		r\-	
OTHER_		٥٦	HER				
	V 1 					,	
7. Describe Proposed or Complete:	d Operations (Clearly state	all pertinent activis, an	d give pertinent dates	including	estimated date of s	tarting any proposed	
work) SEE RULE 1703.					•		
· Installed ider	ntified risers a	nd surface valv	as on outlat	of all	unovnocod o	acina ctnina	
mstarred ruer	icilied 115e15 a	nu surrace varv	es on outlet	OI all	unexposed C	asing suring	
•		i			:		
Installation v	was inspected an	d approved by N	MOOC personne	≥1			
	•	,	•		•		
		•				•	
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•							
		-:					
	•						
3. I hereby certify that the informat		lete to the bust of my kn	owledge and belief.				
Original	Signed by:	•					
(Mrs.) Christ	tine O. Tucker	TITLE Authori	zed Agent	•	DATE 5-26	-76	
			To be a second of the second o				
					# ## xw /	3 1976,	
PROVED BY		TITLE			NUM DATE	0 10/0)	

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