NO. OF COPIES RECEIV	ED					Form C-103
DISTRIBUTION						Supersedes Old C-102 and C-103
SANTA FE		NEW MEXICO	OIL CONSERV	ATION COMMISSI	ON	Effective 1-1-65
FILE					_	
U.S.G.S.						5a. Indicate Type of Lease
LAND OFFICE						State X Fee
OPERATOR						5, State Oil & Gas Lease No.
						B-1520
(DO NOT USE TH		TICES AND REPORT TO DEEPER PERMIT - " (FORM C-1)			RVOIR.	
I. OIL WELL	GAS					7. Unit Agreement Name
2. Name of Operator	WELL [] OT	HER-	<del></del>			8. Farm or Lease Name
Mobi	101/0	Corpora	Tion	·		Bridges State
BOX	633, M	id land	Lexa	5 2978	,	9. Well 1/6.
4. Location of Well	E 105	FEET FROM THE			ì	10. Field and Pool, or Wildcat  Gray hur 4 5 A
UNIT LETTER					•	
THE WES!	LINE, SECTION	26 TOWNSHIP		<b>.</b>	ENMPM.	
		15. Elevation (Sho	_	RT, GR, etc.) OGA		12. County
16.	Check Appro	priate Box To In			aport or Oil	Date (IIIIIIII)
N	OTICE OF INTEN					REPORT OF:
PERFORM REMEDIAL WOR	к	PLUG AND ABA	NDON RE	MEDIAL WORK		ALTERING CASING
TEMPORARILY ABANDON			con	IMENCE DRILLING OP	,s. 🕅	PLUG AND ABANDONMENT
PULL OR ALTER CASING		CHANGE PLANS	!	ING TEST AND CEMEN	<del></del>	TOO AND ABANDONMENT
				OTHER	يكر	
OTHER						<u> </u>
18.5						
work) SEE RULE 1	or Completed Operation 103.	s (Clearly state all pe	rtinent details,	ind give pertinent d	ates, including e	stimated date of starting any proposed
					-	
	RIDGES STATE			0	_	· · · · · · · · · · · · · · · · · · ·
12/31/71		), RB 12¼" h			S. Mu	
	WOC on 8-5	/8" csg, ra	n 9 jts	8-5/8" cs	g, 20# Si	C&C to bottom,
	Howco cmtd	l w/450 sx	Class H	w/ 2% CaC	L <sub>2</sub> & 1/4#	flocele,
	cmt circ,	PD @ 5:30 a	.m. 12-3	1-71, Band	dera Drlo	Co spud
	6:00 a.m.	12-30-71.				
1/1/72	(2) 361 NE	, WOC past	24 hrs,	test 8-5/8	3" csg &	BOP 1000#
	ok, depth	@ midnite 1	2-31-/1	361'.		
18. I hereby certify that	the information above	is true and complete to	the best of my	knowledge and belie	f.	
1 / 1						
SIGNED	MCK / Puncy		ITLE A117	horized	Agait	NATE 1-3-221
	is a 10 money				1/6/11/	
[] []	Orig.	Signed by				JAN - 6 1972 -
APPROVED BY	Joe_	D. Ramon TI	TLE		<del></del>	DATE
CONDITIONS OF APPR	OVAL, IF ANY: Dist	I, Supv.	e.			