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LAND OFFICE	
OPERATOR	

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. L-3672
7. Unit Agreement Name
8. Farm or Lease Name State LL
9. Well No. 1
10. Field and Pool, or Wildcat Vac Morrow North
12. County Lea

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 type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>
2. Name of Operator Mobil Oil Corporation
3. Address of Operator Box 633, Midland, Texas 79701
4. Location of Well UNIT LETTER J, 1780 FEET FROM THE South LINE AND 1980 FEET FROM THE East LINE, SECTION 16 TOWNSHIP 17-S RANGE 34-E NMPM.
15. Elevation (Show whether DF, RT, GR, etc.) 4070 GR

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>

SUBSEQUENT REPORT OF:

REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input checked="" type="checkbox"/>
CASING TEST AND CEMENT JOBS <input type="checkbox"/>	Zone <input type="checkbox"/>
OTHER <input 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 1103.

2-7-74 Schj ran & set 7" cast iron bridge plug at 13,000, capped with 20' of cement

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

SIGNED Christine O. Tucker TITLE Proration Clerk DATE 2-12-74

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: