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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.
7. Unit Agreement Name
8. Farm or Lease Name State "K"
9. Well No. 10
10. Field and Pool, or Wildcat Vacuum North Abo
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 ☒ GAS WELL ☐ OTHER-
2. Name of Operator
Mobil Oil Corporation
3. Address of Operator
Box 633, Midland, Texas 79701
4. Location of Well
UNIT LETTER L 800 FEET FROM THE West LINE AND 2100 FEET FROM
THE South LINE, SECTION 18 TOWNSHIP 17-S RANGE 35-E NMPM.
15. Elevation (Show whether DF, RT, GR, etc.)
4006 GR

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"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input checked="" type="checkbox"/>
OTHER <input type="checkbox"/>	OTHER <input type="checkbox"/>
PLUG AND ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
CHANGE PLANS <input type="checkbox"/>	PLUG AND ABANDONMENT <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.

STATE "K" #10
10/5 (7) 3210 ND WOC 8 5/8" csg., POH w/bit ran 78 jts. 3210 8 5/8" OD 28.0# 8 rd ST & C casing to 3210 Howco cmtd. csg. w/1400 sx TILW containing 7 1/2# salt per sx + 200 sx class C cmt w/2.6# salt per sx PD 1: pm 10/4/73 cmt. circ. WOC 18 hrs.
Test 8 5/8" csg at 1000# for 15 min. tested o.k.

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

SIGNED [Signature] TITLE Authorized Agent DATE 10-8-73

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: