

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

5a. Indicate Type of Lease
State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.
B-1520

SUNDRY NOTICES AND REPORTS OF WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR TO ADD TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT TO DRILL FORM C-101" FOR SUCH PROPOSALS.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- Injector	7. Unit Agreement Name
2. Name of Operator Mobil Oil Corporation	8. Farm or Lease Name North Vac Abo Unit
3. Address of Operator Box 633, Midland, Texas 79701	9. Well No. 218
4. Location of Well UNIT LETTER F 1880 FEET FROM THE North LINE AND 1974.5 FEET FROM THE West LINE, SECTION 25 TOWNSHIP 17-S RANGE 34-E NMPM.	10. Field and Pool, or Wildcat
11. Elevation (Show as DP, RT, GR, etc.) 4010 GR	12. County Lea

Check Appropriate Box To Indicate Use 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 checked="" 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.

Ran 83 Jts. 28# + 24# J-55 + K-55 ST&C
8-5/8 csg Cemented at 3030' with
1200 sxs trinity lete water with 7 1/2# salt
per sx, followed with 200 sxs Class C with
2.6# salt per sx. Cement Circulated WOC 18 hrs.
Test 8-5/8 csg to 1000# for 30 mins. O.K

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

SIGNED Christine P. Tucker TITLE Proration Clerk DATE 12-27-73

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: