

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 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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- <input type="checkbox"/>		7. Unit Agreement Name
2. Name of Operator Mobil Oil Corporation		8. Farm or Lease Name Bridges State
3. Address of Operator Box 633, Midland, Texas 79701		9. Well No. 181
4. Location of Well UNIT LETTER J, 1797 FEET FROM THE South LINE AND 1650 FEET FROM THE East LINE, SECTION 27 TOWNSHIP 17-S RANGE 34-E NMPM.		10. Field and Pool, or Wildcat Vacuum
15. Elevation (Show whether DF, RT, GR, etc.) 4039 GR		12. County Lea

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"/>	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 checked="" type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <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.

Leatherwood Dlg Co spudded 12 1/4 hole @ 7:15 am, 2/16/74, @ 352, ran 10 jts 9-5/8 33.30# LT&C & ST&C csg, Howco Cem at 352 w 400 sx Class H Cem, 2% CaCl2, PD 5:45 pm 2/16/74 cem circ, WOC a total of 24 hrs, tested csg & BOP 800#, 30 min, OK.

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 2-19-74

APPROVED BY _____

TITLE _____

DATE _____

CONDITIONS OF APPROVAL, IF ANY: