

## OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-103  
Revised 10-1-75

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DISTRIBUTION	
SANTA FE	
FILE	
U.S.O.S.	
LAND OFFICE	
OPERATOR	

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.)

OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name
Name of Operator Mobil Producing TX & NM Inc.	8. Farm or Lease Name Bridges-State
Address of Operator 9 Greenway Plaza - Suite 2700 - Houston, TX 77046	9. Well No. 500
Location of Well UNIT LETTER P, 1300 FEET FROM THE South LINE AND 1300 FEET FROM THE East LINE, SECTION 23 TOWNSHIP 17S RANGE 34E NMPM.	10. Field and Pool, or Wellcat Vacuum
15. Elevation (Show whether DF, RT, GR, etc.) 4050'	12. County Lea

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"/>
ILL 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 type="checkbox"/>
CASING TEST AND CEMENT JOB <input checked="" type="checkbox"/>	OTHER <input type="checkbox"/>

Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1703.

6-4/7-85 Drlg 7-7/8 hole.

6-8-85 TD 7-7/8 hole, logging.

6-9-85 GIH w/108 jts 5-1/2" 14# K55 ST&amp;C csg, 5-1/2" Lynes ECP @ 4340, 8 centl, cmt on btm @ 4800 w/1430sx Class C cmt, circ, 63% hole WO, press 5-1/2 csg 2200 psi &amp; set Lynes pkr, JC, Rel Hillin Drlg. Co. Rig #3. WOC 18 hrs.

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

ED Nancy Lewis TITLE Authorized Agent DATE 6-13-85

ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT 1 SUPERVISOR

ED BY Jerry Sexton TITLE District 1 Supervisor DATE JUN 18 1985

DITIONS OF APPROVAL, IF ANY:

RECEIVED

JUN 17 1985

GOVERNMENT  
HOSPITAL