

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO. NA
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. B-10639
7. Lease Name or Unit Agreement Name LOVINGTON DEEP AMOCO STATE
8. Well No. 1
9. Pool name or Wildcat SOUTH SHOE BAR/WOLFCAMP-SOUTH
10. Elevation (Show whether DF, RKB, RT, GR, etc.) GR-3927

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. Type of Well:
OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. Name of Operator
Mobil Producing TX & N.M. Inc.

3. Address of Operator
12450 Greenspoint Drive

4. Well Location
Unit Letter E : 1980 Feet From The NORTH Line and 660 Feet From The WEST Line

Section 6 Township 17-S Range 36-E NMPM LEA County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
GR-3927

11. 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"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: CHANGED ZONES <input checked="" type="checkbox"/>

12. 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.

MOBIL PRODUCING TX & N.M. INC., PLUGGED BACK THE SUBJECT WELL FROM THE UPPER PENN, SOUTH TO THE WOLFCAMP.

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

SIGNATURE Patricia B. Swanner TITLE Reg. Tech/Asst. III DATE 11/10/93

TYPE OR PRINT NAME Patricia B. Swanner TELEPHONE NO. (713) 775-2081

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON

APPROVED BY DISTRICT I SUPERVISOR TITLE DATE NOV 17 1993

CONDITIONS OF APPROVAL, IF ANY: