NO. OF COPILE RECEIVED	7			Form C-1	103	
DISTRIBUTION				Supersed	Supersedes Old	
SANTA FE	NEW MEXICO OIL CONSERVATION COMMISSION				C-102 and C-103 Effective 1-1-65	
FILE				Ellocitae	, 1-1-03	
U.S.G.S.	1			Sa. Indicate	Type of Lease	
LAND OFFICE	1			State	T)	
OPERATOR	4				& Gas Lease No.	
	ب					
SUNDRY NOTICES AND REPORTS OF WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO GREAT OF TO DEEPEN ON WELLS USE "APPLICATION FOR PERMIT OF FORM CALCULATION OF THE PERMIT OF THE PROPOSALS.)						
1. OIL AAS				7. Unit Agre	ement Name	
2. Name of Operator	OTHER-					
Mobil Oil Corporation					8. Form or Lease Name	
3. Address of Operator				E,O. C	F.O. Carson	
Box 633, Midland, Texa	as 79701		•			
4. Location of Well	us /5/01			10 Field on	d Pool, or Wildcat	
, -	1.10	6	1060			
UNIT LETYER	G G C FEET FROM TH	E	t LINE AND 1980 F	EET FROM EUMON	6 QUEEN (GAS)	
THE Wist LINE, SECTI	10N <u>28</u> TOWN	SHIP 2/	5 RANGE 37E	_NAIPM.		
mmmmmm	15 Fleration	(Show whather	OF, RT, GR, etc.)	12. County	777444444	
	11/1/12 12. 512.43.10.10	3453		Lea		
16.	777777		' 			
		Indica 📹	mure of Notice, Report	or Other Data		
NOTICE OF I	NTENTION TO:		subse	QUENT REPORT	OF:	
<u>—</u>						
PERFORM REMEDIAL WORK	PLUG ANI	ABANDON	REMEDIAL WORK	<u> </u>	LTERING CASING	
TEMPORARILY ABANDON		۲	COMMENCE DRILLING OPNS.	ļ. Pu	UG AND ABANDONMENT	
PULL OR ALTER CASING	CHANGE I	PLANS	CASING TEST AND CEMENT JOB		p4.4	
			OTHER		[X]	
OTHER					•	
17. Describe Proposed or Completed Or	perations (Clearly state a	ll pertiaent der	:Us, and give pertinent dates i	neluding estimated date	of starting any property	
work) SEE RULE 1703.	, ,	•	to provide description	meranning curring current	of starting any proposes	
· Installed ident:	ified misons and	Lounfaco	values on outlet o	f all unavnaca	d opeina etuina	
Installed Ident	irred risers and	Surface	valves on outlet o	T all unexpose	a casing string:	
Installation was tren	ent l					
approved by NMOCC	inied and					
.,	personnol.					
•						
				•		
		-				
				•		
		A .				
18, I hereby certify that the information	above is true and comple	te to the bast o	my knowledge and belief.			
	nginal Staned by:					
(Mrs.)) Christing O, hecker	Ans	thorized Agent		19-76	
- 19 ALD		TITLE TU	TIOT TACK TYCHE	DATE /-	/ / / 6)	

CONDITIONS OF SECTION		TITLE		DAYE		
CONDITIONS OF APPROVAL. IF ANY	t .				*	