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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 type="checkbox"/>	Fee <input checked="" type="checkbox"/>
5. State Oil & Gas Lease No.	

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
1. Name of Operator		8. Farm or Lease Name
Mobil Oil Corporation		E.O. Carson
1. Address of Operator		9. Well No.
P.O. Box 633, Midland, Texas		18
1. Location of Well		10. Field and Pool, or Wildcat
UNIT LETTER <u>M</u> , <u>760</u> FEET FROM THE <u>West</u> LINE AND <u>660</u> FEET FROM THE <u>South</u> LINE, SECTION <u>28</u> TOWNSHIP <u>21S</u> RANGE <u>37E</u> N14PM.		
15. Elevation (Show whether DF, RT, GR, etc.)		12. County
3476 Gr.		Lea

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK <input checked="" 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 JOB <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.

Objective : Plug Off Ellenburger Zone and Recomplete in Connell Sand

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

SIGNED J. J. McDaniel TITLE Authorized Agent DATE 1-2-68
 APPROVED BY _____ DATE _____
 CONDITIONS OF APPROVAL, IF ANY: