

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

JUL 22 11 48 AM '63

65. Indicate Type of Lease
State ☐ Fee ☒

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.)

1. <input type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER-		7. Unit Agreement Name	
2. Name of Operator Socony Mobil Oil Company, Inc.		8. Farm or Lease Name C. Hardy	
3. Address of Operator Box 1800, Hobbs, New Mexico		9. Well No. 3	
4. Location of Well UNIT LETTER <u>C</u> <u>660</u> FEET FROM THE <u>North</u> LINE AND <u>1980</u> FEET FROM THE <u>West</u> LINE, SECTION <u>29</u> TOWNSHIP <u>21S</u> RANGE <u>37E</u> NMPM.		10. Field and Pool, or Wildcat Tubb	
15. Elevation (Show whether DF, RT, GR, etc.) 3488 GR		12. County Lea	

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:	SUBSEQUENT REPORT
<input type="checkbox"/> (a) Obtain information from the person	<input type="checkbox"/> (a) Obtain information from the person
<input type="checkbox"/> (b) Obtain information from the person	<input type="checkbox"/> (b) Obtain information from the person
<input type="checkbox"/> (c) Obtain information from the person	<input type="checkbox"/> (c) Obtain information from the person
<input type="checkbox"/> (d) Obtain information from the person	<input type="checkbox"/> (d) Obtain information from the person
<input type="checkbox"/> (e) Obtain information from the person	<input type="checkbox"/> (e) Obtain information from the person
<input type="checkbox"/> (f) Obtain information from the person	<input type="checkbox"/> (f) Obtain information from the person
<input type="checkbox"/> (g) Obtain information from the person	<input type="checkbox"/> (g) Obtain information from the person
<input type="checkbox"/> (h) Obtain information from the person	<input type="checkbox"/> (h) Obtain information from the person
<input type="checkbox"/> (i) Obtain information from the person	<input type="checkbox"/> (i) Obtain information from the person
<input type="checkbox"/> (j) Obtain information from the person	<input type="checkbox"/> (j) Obtain information from the person
<input type="checkbox"/> (k) Obtain information from the person	<input type="checkbox"/> (k) Obtain information from the person
<input type="checkbox"/> (l) Obtain information from the person	<input type="checkbox"/> (l) Obtain information from the person
<input type="checkbox"/> (m) Obtain information from the person	<input type="checkbox"/> (m) Obtain information from the person
<input type="checkbox"/> (n) Obtain information from the person	<input type="checkbox"/> (n) Obtain information from the person
<input type="checkbox"/> (o) Obtain information from the person	<input type="checkbox"/> (o) Obtain information from the person
<input type="checkbox"/> (p) Obtain information from the person	<input type="checkbox"/> (p) Obtain information from the person
<input type="checkbox"/> (q) Obtain information from the person	<input type="checkbox"/> (q) Obtain information from the person
<input type="checkbox"/> (r) Obtain information from the person	<input type="checkbox"/> (r) Obtain information from the person
<input type="checkbox"/> (s) Obtain information from the person	<input type="checkbox"/> (s) Obtain information from the person
<input type="checkbox"/> (t) Obtain information from the person	<input type="checkbox"/> (t) Obtain information from the person
<input type="checkbox"/> (u) Obtain information from the person	<input type="checkbox"/> (u) Obtain information from the person
<input type="checkbox"/> (v) Obtain information from the person	<input type="checkbox"/> (v) Obtain information from the person
<input type="checkbox"/> (w) Obtain information from the person	<input type="checkbox"/> (w) Obtain information from the person
<input type="checkbox"/> (x) Obtain information from the person	<input type="checkbox"/> (x) Obtain information from the person
<input type="checkbox"/> (y) Obtain information from the person	<input type="checkbox"/> (y) Obtain information from the person
<input type="checkbox"/> (z) Obtain information from the person	<input type="checkbox"/> (z) Obtain information from the person

PERFORM REMEDIAL WORK <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> OTHER _____ <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> OTHER _____ <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> CASING TEST AND CEMENT JOBS <input type="checkbox"/> OTHER <u>Temporarily Abandoned</u> <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/> PLUG AND ABANDONMENT <input type="checkbox"/>
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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.

TD 6650'

PB 6260'

Plugged off to produce Blinebry zone as a gas well thru the tubing.

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

SIGNED E. H. Brown TITLE Group Supervisor DATE 7-1-65

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: