Submit 3 Copies to Appropriate

CONDITIONS OF APPROVAL, IF ANY:

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103

District Office	•		201202
DISTRICT II P.O. Box 1980, Hobbs, NM 88240 DISTRICT II P.O. Drawer DD, Artesia, NM 88210 DISTRICT III OIL CONSERVATION DIVISION P.O. Box 2088 Santa Fe, New Mexico 87504-2088		WELL API NO.	
		5. Indicate Type of Lease STATE FEE X	
SUN DRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERIENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)		7. Lease Name or Unit Agreement Name E.O. CARSON	
I. Type of Well: OIL GAS WELL WELL X OTHER			
2. Name of Operator		8. Well No.	
Mobil Producing Tx. & N.M. Inc.*		9	
3. Address of Operator *Mobil Exploration & Producing U.S. Inc., as Agent for Mobil Producing 1X. & N.M. Inc., P. O. Box 633, Midland, TX 79702		9. Pool name or Wildcat BLINEBRY GAS ROOL Cary Montoya	
4. Well Location		T DEXIZORIXIX NAV	Man Cary Horicoya
Unit Letter E: 2051 Feet From The NORTH Section 33 Township 21S	Range 37E	589 Feet From	The EAST 11
10. Elevation (Show which the state of the s	eiher DF, RKB, RT, GR, etc.)		
11. Check Appropriate Box to Indicate	ate Nature of Notice, F	Report, or Other	Data
NOTICE OF INTENTION TO:	SUE	BSEQUENT R	EPORT OF:
ERFORM REMEDIAL WORK PLUG AND ABANDON	REMEDIAL WORK		ALTERING CASING
EMPORARILY ABANDON 🔲 CHANGE PLANS [X COMMENCE DRILLIN	G OPNS.	PLUG AND ABANDONMENT
JLL OR ALTER CASING CASING TEST AND C		EMENT JOB	
OTHER:	OTHER:		·
 12. Describe Proposed or Completed Operations (Clearly state all pertinent deta work) SEE RULE 1103. 05-18-92 AS OF THIS DATE, WORKOVER/RECOMPLETION HAS NOT BEEN DONE. WE HEREBY REQUEST WELL BE FUNTIL FURTHER NOTICE. WE HAVE NO INDICATION OF WH Blinebry zone was not perforated and request 	ON OF THIS OIL WELL TO PUT BACK INTO THE CAP EN WELL WORK WILL	O THE BLINEBRY RY MONTOYA AS BE DONE TO THIS	GAS POOL AN OIL WELL S WELL.
I beraby certify that the information above by true and complete to the best of my knowled, SIGNATURE TYPE OR PRINT NAME KAYE POLLOCK (This space for State Use)	ge and belief. REGULATORY TE	CHNICIAN	DATE 05-19-92 (915) TELEPHONE NO. 688-258
APPROVED BY	_ m.e	·	MAY 27'9
MINUTED SI			