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# NEW MEXICO OIL CONSERVATION COMMISSION

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

SEP 10 1969

5a. Indicate Type of Lease State <input type="checkbox"/> Fee <input checked="" type="checkbox"/>
5. State Oil & Gas Lease No.
7. Unit Agreement Name
8. Farm or Lease Name E. O. Carson
9. Well No. 13
10. Field and Pool, or Wildcat Brunson Ellen.
12. County Lea

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 TO DRILL" (FORM C-101) FOR SUCH PROPOSALS.)	
1. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER-	
2. Name of Operator Mobil Oil Corporation	
3. Address of Operator Box 633, Midland, Texas	
4. Location of Well UNIT LETTER <u>G</u> <u>589</u> FEET FROM THE <u>East</u> LINE AND <u>589</u> FEET FROM <u>South</u> THE <u>33</u> LINE, SECTION <u>21</u> TOWNSHIP <u>37</u> RANGE <u>37</u> NMPM.	
15. Elevation (Show whether DF, RT, GR, etc.) 3461	

16. 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"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>
OTHER <input type="checkbox"/>	OTHER <input checked="" type="checkbox"/> Raise casinghead connections to surface
PLUG AND ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
CHANGE PLANS <input type="checkbox"/>	PLUG AND ABANDONMENT <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.

Casinghead connections were raised to surface and tagged. Cellar was filled with dirt. The job was inspected by M.M. OCC. Des Clements.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.		
SIGNED <u>H. McDaniel</u>	TITLE <u>Authorized Agent</u>	DATE <u>9-8-69</u>
APPROVED BY <u>[Signature]</u>		
TITLE <u>SUPERVISOR DISTRICT 6</u>		
DATE <u>SEP 15 1969</u>		
CONDITIONS OF APPROVAL, IF ANY:		