NO. OF COPIES RECEIVED	<del>   </del>			Supersedes Old
DISTRIBUTION	<del>                                      </del>	*VIGO 611 - 6011		C-102 and C-103
SANTA FE	NEW MEXICO OIL CONSERVATION COMMISSION			
FILE	+			En Indiana m
U.S.G.S.	+			Sa. Indicate Type of Lease
LAND OFFICE	+			State Fee X
OPERATOR				5. State Oil & Gas Lease No.
(DO NOT USE THIS FORM F	INDRY NOTICES AND OR PROPOSALS TO DRILL OR T PLICATION FOR PERMIT - " (F	REPORTS ON WELLS O DEEPEN OR PLUG BACK TO A DIFFERE ORM C-101) FOR SUCH PROPOSALS.)	NT RESERVOIR.	
OIL GAS X				7. Unit Agreement Name
2. Name of Operator			<del></del>	8. Farm or Lease Name
MOBIL OIL CORPORATION				E. O. CARSON
3. Address of Operator				9. Well No.
THREE GREEN	NWAY PLAZA EAST -	- SUITE 800; HOUSTON,	TX 77046	14 10. Field and Pool, or Wildcat
UNIT LETTERC	. 731 FEET FROM	THE NORTH LINE AND	1909 FEET FROM	
THE WEST LINE,	SECTION 33 T	OWNSHIP 21-S RANGE	37-E	
mmmmm	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	tion (Show whether DF, RT, GR, etc.	. 1	
	13. Flead	3471 GR	•)	12. County
	TITITITY -	· · · · · · · · · · · · · · · · · · ·		LEA ()
Cho NOTICE C	eck Appropriate Box OF INTENTION TO:	To Indicate Nature of Noti		her Data r report of:
			$\overline{\Box}$	
PERFORM REMEDIAL WORK	PLUG	AND ABANDON REMEDIAL WORK	<b>=</b>	ALTERING CASING
TEMPORARILY ABANDON PULL OR ALTER CASING	ė vas	GE PLANS CASING TEST AN	<del></del>	PLUG AND ABANDONMENT
PULL ON ALTER CASING	CHAN		STALL OTIS ST	ORM CHOKE
OTHER		OTHER		X
17. Describe Proposed or Complet work) SEE RULE 1103.	ted Operations (Clearly sta	te all pertinent details, and give per	tinent dates, including	estimated date of starting any proposed
with 3/4	I.D. set to clos	service shut well in se at 91 psi or less o ed down put well back	or 80° F or 1e	ss to
19. I hereby certify that the inform	nation above is true and co	mplete to the best of my knowledge a	and belief.	
Dik. 00	02	TITLE Authorized A	gent	DATE June 24, 1977
SIGNED FULL CONTROL CONTROL	eessa yaaby	TITLEAUCHIOTIZEU A	-0	DATE COME 213 1277
	operation Security			24 H 38 K
APPROVED BY	Dis. L. Supy.	T(TLE		DATE
CONDITIONS OF APPROVAL, IF				