

NEW MEXICO OIL CONSERVATION COMMISSION

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U.S.G.S.	
LAND OFFICE	
OPERATOR	

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.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		7. Unit Agreement Name
2. Name of Operator Mobil Oil Corporation		8. Farm or Lease Name E. O. Carson
3. Address of Operator Box 633, Midland, Texas		9. Well No. 14
4. Location of Well UNIT LETTER C 731 FEET FROM THE North LINE AND 1909 FEET FROM THE West LINE, SECTION 33 TOWNSHIP 21-S RANGE 37-E N.M.P.M.		10. Field and Pool, or Wildcat Hare Simpson
15. Elevation (Show whether DF, RT, GR, etc.) 3471 Gr		12. County Lea

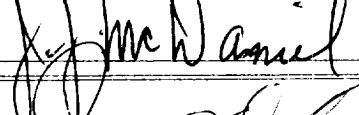
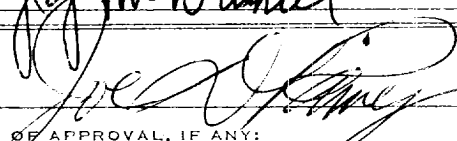
16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK <input type="checkbox"/>	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"/>	OTHER <input checked="" type="checkbox"/> Raise connections to surface

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 N.M. OCC. Les Clements.

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

SIGNED 	Authorized Agent	DATE 9-8-69
APPROVED BY 	TITLE SUPERVISOR DISTRICT I	DATE SEP 15 1969
CONDITIONS OF APPROVAL, IF ANY:		