

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
OPERATOR		

NEW MEXICO OIL CONSERVATION COMMISSION

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

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.	
15	
10. Field and Pool, or Wildcat	
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 -" FORM C-101) FOR SUCH PROPOSALS.)

1. ☒ OIL WELL ☐ GAS WELL ☐ OTHER-

2. Name of Operator
MOBIL OIL CORPORATION

3. Address of Operator
THREE GREENWAY PLAZA EAST-SUITE 800

4. Location of Well
UNIT LETTER C, 731 FEET FROM THE NORTH LINE AND 2051 FEET FROM
THE WEST LINE, SECTION 33 TOWNSHIP 21-S RANGE 37-E NMPM.

15. Elevation (Show whether DF, RT, GR, etc.)
3471 GR

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 JOBS <input type="checkbox"/>	OTHER <u>INSTALL OTIS STORM CHOKE</u> <input checked="" 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.

6/6/77 - Rigged up otis wire line service shut well in ran otis type H valve with 3/4 ID set to close at 380 psi or less or 80' F or less to 2998' set in collar rigged down put well back on production
FINAL REPORT

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

SIGNED Ruben Anderson TITLE Authorized Agent DATE June 24, 1977

APPROVED BY Supv. TITLE Supv. DATE June 24, 1977

CONDITIONS OF APPROVAL, IF ANY: