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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.	

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 H. Corrigan
3. Address of Operator Box 633, Midland, Texas	9. Well No. 3
4. Location of Well UNIT LETTER <u>J</u> <u>1980</u> FEET FROM THE <u>South</u> LINE AND <u>1980</u> FEET FROM THE <u>East</u> LINE, SECTION <u>33</u> TOWNSHIP <u>21</u> RANGE <u>37</u> N.M.P.M.	10. Field and Pool, or Wildcat Penrose Shelly Gr-bg
15. Elevation (Show whether DF, RT, GR, etc.) 3459	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"/> TEMPORARILY ABANDON <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> OTHER <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> CASING TEST AND CEMENT JOB <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Raise Casinghead connections to surface
PLUG AND ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/>	ALTERING CASING <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 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 <u>[Signature]</u>	TITLE <u>Authorized Agent</u>	DATE <u>9-8-69</u>
APPROVED BY <u>[Signature]</u>	TITLE <u>SUPERVISOR DISTRICT 1</u>	DATE <u>SEP 15 1969</u>
CONDITIONS OF APPROVAL, IF ANY:		