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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 ☐ Fee ☒
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 MOVE 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
Box 633, Midland, Texas 79701
4. Location of Well
UNIT LETTER P 760 FEET FROM THE 5 LINE AND 660 FEET FROM
THE East LINE, SECTION 33 TOWNSHIP 21S RANGE 37E NMPM.
15. Elevation (Show whether DF, RT, CR, etc.)
3449

7. Unit Agreement Name
8. Farm or Lease Name
Corrigan Gas Comm.
9. Well No.
7
10. Field and Pool, or Wildcat
Blinchbury & Tubbs (Gas)
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 JOBS <input type="checkbox"/>	OTHER <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.

Installed identified risers and surface valves on outlet of all unexposed casing strings.

Installation was inspected and approved by NMOCC personnel.

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

Original Signed by:
(Mrs.) Christine O. Tucker
SIGNED _____ TITLE Authorized Agent DATE 1-19-76

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: