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# 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 MOVE BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER-	7. Unit Agreement Name
2. Name of Operator Mobil Oil Corporation	8. Farm or Lease Name <i>Brunson Argo</i>
3. Address of Operator Box 633, Midland, Texas 79701	9. Well No. <i>1</i>
4. Location of Well UNIT LETTER <i>B</i> <i>660</i> FEET FROM THE <i>NORTH</i> LINE AND <i>1980</i> FEET FROM THE <i>East</i> LINE, SECTION <i>9</i> TOWNSHIP <i>22S</i> RANGE <i>37E</i> NMPM.	10. Field and Pool, or Wildcat <i>Blincovy (Gas)</i>
15. Elevation (Show whether OF, RT, GR, etc.) <i>3436 GR</i>	12. County <i>Lea</i>

### 16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

#### NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐  
TEMPORARILY ABANDON ☐  
PULL OR ALTER CASING ☐  
OTHER ☐

PLUG AND ABANDON ☐  
CHANGE PLANS ☐  
OTHER ☐

#### SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐  
COMMENCE DRILLING OPNS. ☐  
CASING TEST AND CEMENT JOB ☐  
OTHER ☒

ALTERING CASING ☐  
PLUG AND ABANDONMENT ☐  
OTHER ☒

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: