

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.	

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 - A" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>
2. Name of Operator Mobil Oil Corporation
3. Address of Operator Box 633, Midland, Texas 79701
4. Location of Well UNIT LETTER <u>C</u> <u>760</u> FEET FROM THE <u>NORTH</u> LINE AND <u>1280</u> FEET FROM THE <u>West</u> LINE, SECTION <u>10</u> TOWNSHIP <u>22S</u> RANGE <u>37E</u> NMPM.

7. Unit Agreement Name
8. Farm or Lease Name <u>Brunson Argo</u>
9. Well No. <u>14</u>
10. Field and Pool, or Wildcat <u>Paddock</u>
12. County <u>Lea</u>

15. Elevation (Show whether DF, RT, GR, etc.)
3427 DF

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

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>

SUBSEQUENT REPORT OF:

REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <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 1703.

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.

SIGNED <u>Christine O. Tucker</u>	TITLE <u>Authorized Agent</u>	DATE <u>1-14-76</u>
APPROVED BY <u>[Signature]</u>	TITLE <u></u>	DATE <u>JAN 19 1976</u>
CONDITIONS OF APPROVAL, IF ANY:		