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## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

P.O. Box 1980, Hobbs, NM 88240 OIL CON	SERVATION DIVIS P.O. Box 2088	SION WELL API NO.
DISTRICT II Santa Fe New Mexico, 87504, 2008		30-025-10179
P.O. Drawer DD, Artesia, NM 88210  DISTRICT III	,	5. Indicate Type of Lease STATE FEE X
1000 Rio Brazos Rd., Aztec, NM 87410		6. State Oil & Gas Lease No.
SUNDRY NOTICES AND REA	PORTS ON WELLS	
( DO NOT USE THIS FORM FOR PROPOSALS TO DRI DIFFERENT RESERVOIR. USE "APP (FORM C-101) FOR SUCH	LICATION FOR PERMIT"	7. Lease Name or Unit Agreement Name BRUNSON ARGO
1. Type of Well:	THO COSALS.)	BRUNSUN ARGU
MEIT X	OTHER	
2. Name of Operator Mobil Producing TX & N.M. Inc., As Agent	for Mobil Eyp. & Prod. 113	8. Well No.
3. Address of Operator		9. Pool name or Wildcat
12450 Greenspoint Drive, Houston, TX 77060-1991		DRINKARD-BLINEBRY
	1100	2080 icest
Unit Letter C: 660 Feet From The	NORTH Line and	d 560 Feet From The EAST Line
Section 10 Township 22		NMPM LEA County
10. Elev 3427	ntion (Show whether DF, RKB, RT, G	R, etc.)
		otice, Report, or Other Data
NOTICE OF INTENTION TO	:	SUBSEQUENT REPORT OF:
	r—	
	ANS COMMENCE	DRILLING OPNS. PLUG AND ABANDONMENT
PULL OR ALTER CASING	CASING TES	T AND CEMENT JOB
OTHER:	OTHER: R/	C IN THE BLINEBRY X
12. Describe Proposed or Completed Operations (Clearly state as work) SEE RULE 1103.	l pertinent details, and give pertinent of	dates, including estimated date of starting any proposed
, , , , , , , , , , , , , , , , , , ,		
1/28/94 RU to pull 2-3/8" tubing. SWI. 4/19/94 RU and perforate Blinebry 5444-		
4/19/94 RU and perforate Blinebry 5444-5852'. 4/20/94 POOH w/tbg. Rig up acid pumper. SWIFN.		
4/21/94 Held safety meeting. RU & replace	e sand line. Swah well do	wn to seat nipple.
4/22/94 Frac well w/60,000 gal 50 qualit	up. v CO2 foam carrying 190 (	
over to rig down frac lines and Rt	well testers.	ooo ib 20740 Ollawa Sand.
4/23- Continued to test well. 4/27/94		
4/28/94 Held safety meeting. Rig down.	Clean around location. N	Move off. FINAL REPORT.
I hereby certify that the information above is true and complete to the bes	of my knowledge and belief.	
SIGNATURE Talricia 15. Swanne	•	y Tech/Asst. DATE 6/20/94
TYPE OR PRINT NAME Patricia B. Swanner	,	TELEPHONE NO. 775-2081
(This space for State Use)		IDEATHURE NO COU !
(	ORIGINAL	SIGNED BY JERRY SEXTON JUN 28 1994
APPROVED BY	TITLE	TRICT I SUPERVISOR DATE DATE
CONDITIONS OF APPROVAL, IF ANY:		The second secon

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OFFICE