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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

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"/>		3a. Indicate Type of Lease State <input type="checkbox"/> Fee <input checked="" type="checkbox"/>
2. Name of Operator Mobil Oil Corporation		5. State Oil & Gas Lease No. 174-918
3. Address of Operator P. O. Box 1180, Hobbs, New Mexico		7. Unit Agreement Name
4. Location of Well UNIT LETTER J, 1980 FEET FROM THE East LINE AND 1980 FEET FROM THE South LINE, SECTION 11, TOWNSHIP 22N, RANGE 27E, NMPM.		8. Farm or Lease Name S. E. Long
15. Elevation (Show whether DF, RT, GR, etc.) 3352 DF		9. Well No. 2
		10. Field and Pool, or Wildcat Paddock
		12. County Lea

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 OPERATIONS <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	Temporarily Abandoned <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.

PB 5225'
Studying for workover.

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

SIGNED P. O. Keayne TITLE Authorized Agent DATE 7-31-66

APPROVED BY [Signature] TITLE DATE

CONDITIONS OF APPROVAL, IF ANY: