

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 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 S.E. Long
3. Address of Operator Box 633, Midland, Texas 79701	9. Well No. 7
4. Location of Well UNIT LETTER <u>I</u> , <u>660</u> FEET FROM THE <u>EAST</u> LINE AND <u>1780</u> FEET FROM THE <u>South</u> LINE, SECTION <u>11</u> TOWNSHIP <u>22S</u> RANGE <u>37E</u> NMPM.	10. Field and Pool, or Wildcat Drinkard (Gas)
15. Elevation (Show whether DF, RT, GR, etc.) 3348 GR	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 1503.

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 D. Tucker</u>	TITLE <u>Authorized Agent</u>	DATE <u>1-14-76</u>
APPROVED BY _____	TITLE _____	DATE <u>JAN 19 1976</u>
CONDITIONS OF APPROVAL, IF ANY:		