

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

1. OIL WELL <input checked="" type="checkbox"/> L.A. GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		7. Unit Agreement Name	
2. Name of Operator Mobil Oil Corporation		8. Farm or Lease Name Langlie Mattix	
3. Address of Operator P. O. Box 633, Midland, Texas 79701		9. Well No. 19	
4. Location of Well UNIT LETTER <u>J</u> , <u>1980</u> FEET FROM THE <u>South</u> LINE AND <u>1980</u> FEET FROM THE <u>Last</u> LINE, SECTION <u>15</u> TOWNSHIP <u>25-S</u> RANGE <u>37-S</u> NMPM.		10. Field and Pool, or Wildcat Langlie Mattix Queen	
15. Elevation (Show whether DF, RT, GR, etc.) 309' DF		12. County Lea	

16.

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 <u>Drill Deeper & Convert to W.I.W.</u> <input checked="" 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 JOB <input type="checkbox"/>	OTHER <input 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.

DRILL DEEPER IN SAME ZONE & CONVERT TO W.I.W. AS PER ATTACHED PROCEDURE.

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

SIGNED Wm Daniel TITLE Authorized Agent DATE 10-4-69

APPROVED BY [Signature] TITLE DATE OCT 11 1969

CONDITIONS OF APPROVAL, IF ANY: