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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  Fee   
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"/> GAS WELL <input type="checkbox"/> OTHER- 2. Name of Operator Mobil Oil Corporation 3. Address of Operator P.O. Box 633, Midland, Texas 79701 4. Location of Well UNIT LETTER <u>A</u> , <u>660</u> FEET FROM THE <u>North</u> LINE AND <u>660</u> FEET FROM THE <u>East</u> LINE, SECTION <u>15</u> TOWNSHIP <u>25-S</u> RANGE <u>37-E</u> NMPM. 15. Elevation (Show whether DF, RT, GR, etc.) 3106.8 Gr.	7. Unit Agreement Name 8. Farm or Lease Name Langlie-Mattix Queen Unit 9. Well No. 12 10. Field and Pool, or Wildcat Langlie-Mattix Queen 12. County Lea
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16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

<p>NOTICE OF INTENTION TO:</p> <p>PERFORM REMEDIAL WORK <input type="checkbox"/></p> <p>TEMPORARILY ABANDON <input type="checkbox"/></p> <p>PULL OR ALTER CASING <input type="checkbox"/></p> <p>OTHER <input type="checkbox"/></p>	<p>SUBSEQUENT REPORT OF:</p> <p>PLUG AND ABANDON <input type="checkbox"/></p> <p>CHANGE PLANS <input type="checkbox"/></p> <p>OTHER <input type="checkbox"/></p>	<p>REMEDIAL WORK <input type="checkbox"/></p> <p>COMMENCE DRILLING OPNS. <input type="checkbox"/></p> <p>CASING TEST AND CEMENT JOB <input type="checkbox"/></p> <p>OTHER <input checked="" type="checkbox"/> Drill Deeper in same zone &amp; stimulate.</p>	<p>ALTERING CASING <input type="checkbox"/></p> <p>PLUG AND ABANDONMENT <input type="checkbox"/></p>
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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.

Langlie Mattix Queen Unit Well #12  
Drill Deeper and Stimulate as per Attached Completed Operation.

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

SIGNED [Signature] TITLE Authorized Agent DATE 2-24-70

APPROVED BY [Signature] TITLE SUPERVISOR DISTRICT DATE 3-23-70

CONDITIONS OF APPROVAL, IF ANY: