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

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OPERATOR	

APR 17 1972
NEW MEXICO OIL CONSERVATION COMMISSION
O. C. C.
ARTESIA, OFFICE

5a. Indicate Type of Lease
State <input checked="" type="checkbox"/> Fee <input 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"/> GAS WELL <input type="checkbox"/> OTHER- <input type="checkbox"/>
2. Name of Operator Gordon M. Cone ✓
3. Address of Operator P.O. Box 1148, Lovington, New Mexico 88260
4. Location of Well UNIT LETTER <u>C</u> , <u>660'</u> FEET FROM THE <u>North</u> LINE AND <u>1980</u> FEET FROM THE <u>West</u> LINE, SECTION <u>36</u> TOWNSHIP <u>19s</u> RANGE <u>24e</u> NMPM.
15. Elevation (Show whether DF, RT, GR, etc.) 3603' GR

7. Unit Agreement Name
8. Farm or Lease Name Gorman-State
9. Well No. One
10. Field and Pool, or Wildcat Canyon Wolfcamp
12. County Eddy

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 checked="" 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 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.

Remedial Work: We converted from flowing to pumping well. Work completed January 21, 1972. Pumping test 25 barrels of oil in 24 hours, for which amount we hereby request allowable.

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

SIGNED <u>Gordon M. Cone / Secretary</u>	TITLE <u>Secretary</u>	DATE <u>April 14, 1972</u>
APPROVED BY <u>W. P. Grasset</u>	TITLE <u>INSPECTOR</u>	DATE <u>April 17, 1972</u>

CONDITIONS OF APPROVAL, IF ANY: