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RECEIVED
 NEW MEXICO OIL CONSERVATION COMMISSION
APR 14 1975
O. C. C.
ARTESIA, OFFICE

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

5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>	
5. State Oil & Gas Lease No. L-953	
7. Unit Agreement Name	
8. Farm or Lease Name Bell-3-State	
9. Well No. 1	
10. Field and Pool, or Wildcat Undesignated - South Carlsbad Morrow	
12. County Eddy	

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 type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER -
2. Name of Operator Dalco Oil Company
3. Address of Operator Suite 200, 619 W. Texas St., Midland, Texas 79701
4. Location of Well UNIT LETTER <u>H</u> , <u>1980</u> FEET FROM THE <u>North</u> LINE AND <u>660</u> FEET FROM THE <u>East</u> LINE, SECTION <u>3</u> TOWNSHIP <u>24S</u> RANGE <u>26E</u> NMPM.
15. Elevation (Show whether DF, RT, GR, etc.) 3300 GR

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 <input 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 checked="" 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.

Set 13-3/8" csg. @437' with 400 sx, filled to surface with ready-mix cement.

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

SIGNED O. M. A. [Signature] TITLE Division Manager DATE 4-11-75

APPROVED BY _____ TITLE _____ DATE _____
 CONDITIONS OF APPROVAL, IF ANY: