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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 <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.)

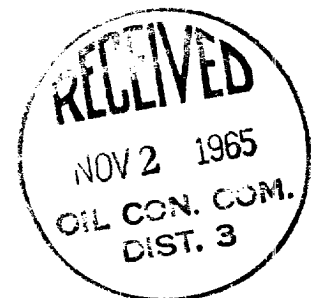
1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- 2. Name of Operator <i>Walker Bros. Oil Company</i> 3. Address of Operator <i>P. O. Box 776, Durango, Colorado</i> 4. Location of Well UNIT LETTER <i>D</i> , <i>660</i> FEET FROM THE <i>North</i> LINE AND <i>660</i> FEET FROM THE <i>West</i> LINE, SECTION <i>7</i> TOWNSHIP <i>17 N</i> RANGE <i>8 W</i> NMPM. 15. Elevation (Show whether DF, RT, GR, etc.) <i>6920 Ground</i>	7. Unit Agreement Name 8. Farm or Lease Name <i>Santa Fe</i> 9. Well No. <i>3</i> 10. Field and Pool, or Wildcat <i>Hospah Gallup</i> 12. County <i>McKinley</i>
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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"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>
OTHER <i>Frac Treat</i> <input checked="" type="checkbox"/>	OTHER <input type="checkbox"/>
PLUG AND ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
CHANGE PLANS <input type="checkbox"/>	PLUG AND ABANDONMENT <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.

*Propose to Sand-oil-frac the perforated intervals 1506 to 1540 with  
56,990 gals lease crude and 87,000 lbs. of sand.*

*Date proposed to perform: 10-24-65*



18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.		
SIGNED <i>Gloria Theurer</i>	TITLE <i>Secretary</i>	DATE <i>10-23-65</i>
Original Signed <i>Emery C. Arnold</i>	TITLE <i>Supervisor Dist. # 3</i>	DATE <i>NOV 2 1965</i>
CONDITIONS OF APPROVAL, IF ANY:		