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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 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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator W rld Pat. Corp.	8. Farm or Lease Name Santa Fe
3. Address of Operator	9. Well No. # 1
4. Location of Well UNIT LETTER <u>AC</u> 65 FEET FROM THE <u>N</u> LINE AND 1980 FEET FROM THE <u>W</u> LINE, SECTION 19 TOWNSHIP 18 N RANGE 10 W NMPM.	10. Field and Pool, or Wildcat Seven Lakes
15. Elevation (Show whether DF, RT, GR, etc.)	12. County McK

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

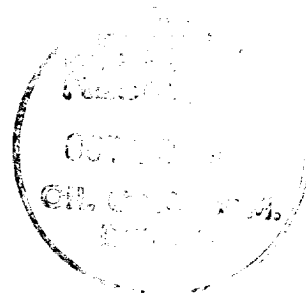
NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input checked="" type="checkbox"/>	REMEDIAL WORK <input 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.

Will leave 2 7/8 " casing in hol. place 200 foot cement plug from 500 to 300 will leave marker cemented at surface. Clean & level location



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

SIGNED Clyde Phillips TITLE Production Superintendent DATE 10-20-67  
APPROVED BY Emmy Clune TITLE SUPERVISOR DIST. #3 DATE OCT 23 1967  
CONDITIONS OF APPROVAL, IF ANY: