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LAND OFFICE	
OPERATOR	

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 ☐ **Fed.** 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 type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name Rincon Unit
2. Name of Operator El Paso Natural Gas Company	8. Farm or Lease Name
3. Address of Operator Box 990, Farmington, New Mexico	9. Well No. 11
4. Location of Well UNIT LETTER K , 1607 FEET FROM THE South LINE AND 1865 FEET FROM THE West LINE, SECTION 6 TOWNSHIP 26N RANGE 6W N.M.P.M.	10. Field and Pool, or Wildcat Basin Dakota
15. Elevation (Show whether DF, RT, GR, etc.) 6547' GL	12. County Rio Arriba

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐ OTHER ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐ OTHER **Miscellaneous Information** ☒

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.

This well was originally owned and operated by El Paso Natural Gas Products Company. El Paso Natural Gas Company purchased this well from C & S Casing Pulling Co. and assumed operatorship.

This well has been re-surveyed due to error in the basic land survey.
(Old location 760'S, 1980'W).



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

SIGNED **ORIGINAL SIGNED E. S. OBERLY**

TITLE **Petroleum Engineer**

DATE **10-26-65**

APPROVED **Original Signed Emery C. Arner**

TITLE **Supervisor**

DATE **OCT 28 1965**

CONDITIONS OF APPROVAL, IF ANY: