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OPERATOR	1

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.
7. Unit Agreement Name
8. Farm or Lease Name
9. Well No.
10. Field and Pool, or Wildcat
12. County

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 GAS ☒ WELL OTHER ☐

2. Name of Operator
Roy L. Cook

3. Address of Operator

4. Location of Well
UNIT LETTER 1 1065 FEET FROM THE South LINE AND 1045 FEET FROM
THE West LINE, SECTION 13 TOWNSHIP 29N RANGE 11W NMPM.

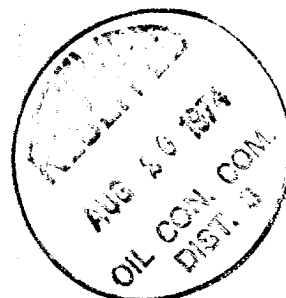
15. Elevation (Show whether DF, RT, GR, etc.)

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input checked="" type="checkbox"/>	PLUG AND ABANDON <input 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 JOBS <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 1703.

well has developed hole in casing at unknown Depth. Will enter well, locate hole, set packer below, squeeze cement ~~and~~ leak & return to production



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

SIGNED DW. Stiles TITLE Agent DATE 8-20-74

APPROVED BY Ernest C. [Signature] SUPERVISOR DIST. #3 DATE AUG 20 1974

CONDITIONS OF APPROVAL, IF ANY: