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LAND OFFICE		
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NEW MEXICO OIL CONSERVATION COMMISSION

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

JUL 17 1967

5a. Indicate Type of Lease
State Fee

5. State Oil & Gas Lease No.
K-1111

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- <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator The Superior Oil Company	8. Farm or Lease Name State E
3. Address of Operator Box 1900, Midland, Texas 79701	9. Well No. 1
4. Location of Well UNIT LETTER M 660 FEET FROM THE South LINE AND 660 FEET FROM THE West LINE, SECTION 13 TOWNSHIP 10-S RANGE 33-E N.M.P.M.	10. Field and Pool, or Wildcat Undesignated
15. Elevation (Show whether DF, RT, GR, etc.) 4213 D.F. 4216 K.B.	12. County Lea

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

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.

Drilled 11" hole to 4020 feet. Ran 8-5/8", 32# J-55 ST&C casing to 4020' and cemented with 700 CF of cement, job complete at 7:30 P.M., July 2, 1967. Ran temperature survey and top of cement by survey was at 2800'. Wait on cement 18 hours. Installed casinghead and BOP. Tested casing to 1400 psi for 30 minutes, O.K. Now drilling 7-5/8" hole.

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

SIGNED *Herman Hight* TITLE Petroleum Engineer DATE July 17, 1967

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: