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NEW MEXICO OIL CONSERVATION COMMISSION

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

OCT 1 1967

5a. Indicate Type of Lease
State Fee

5. State Oil & Gas Lease No.
K-4280

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 H. C. HOOD	8. Farm or Lease Name WARREN STATE 27
3. Address of Operator c/o Geo. Kingree, Box 291, Midland, Texas 79701	9. Well No. 1
4. Location of Well UNIT LETTER L , 1980 FEET FROM THE South LINE AND 510 FEET FROM THE West LINE, SECTION 27 TOWNSHIP 11-S RANGE 33-E NMPM.	10. Field and Pool, or Wildcat UNDESIGNATED
15. Elevation (Show whether DF, RT, GR, etc.) 4259' DF	12. County LEA

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

<p>NOTICE OF INTENTION TO:</p> <p>PERFORM REMEDIAL WORK <input type="checkbox"/></p> <p>TEMPORARILY ABANDON <input type="checkbox"/></p> <p>PULL OR ALTER CASING <input type="checkbox"/></p> <p>OTHER <input type="checkbox"/></p>	<p>SUBSEQUENT REPORT OF:</p> <p>REMEDIAL WORK <input type="checkbox"/></p> <p>COMMENCE DRILLING OPNS. <input type="checkbox"/></p> <p>CASING TEST AND CEMENT JOB <input checked="" type="checkbox"/></p> <p>OTHER <input type="checkbox"/></p>
<p>PLUG AND ABANDON <input type="checkbox"/></p> <p>CHANGE PLANS <input type="checkbox"/></p>	<p>ALTERING CASING <input type="checkbox"/></p> <p>PLUG AND ABANDONMENT <input type="checkbox"/></p>

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.

October 16, 1967

Ran 91 Jts. of 8 5/8" csg. 32 & 24# - set at 3765', cemented W/250 sx 4% gel, plus 100 sx Incor Neat W/2% CC. WOC 24 hours. Tested W/1000#'s 30 mins. - Held OK

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

SIGNED *Leslie H. Clements* TITLE **Agent** DATE **October 18, 1967**

APPROVED BY *Leslie H. Clements* TITLE _____ DATE **OCT 21 1967**

CONDITIONS OF APPROVAL, IF ANY: