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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 Fee

5. State Oil & Gas Lease No.
OG 1502

7. Unit Agreement Name
None

8. Farm or Lease Name
Lowe-State

9. Well No.
2

10. Field and Pool, or Wildcat
Undesignated

12. County
Lea

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
ROGER C. HANKS, LTD.

3. Address of Operator
1102 Oil & Gas Building, Wichita Falls, Texas 76301

4. Location of Well
UNIT LETTER A 660 FEET FROM THE North LINE AND 660 FEET FROM
THE East LINE, SECTION 2 TOWNSHIP 9S RANGE 32E NMPM.

15. Elevation (Show whether DF, RT, GR, etc.)
4435.7 GL

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 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 <u>Attempt Completion</u> <input checked="" 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.

3-16-68/3-22-68 Well pumping approximately 210 barrels fluid daily;
no show of oil or gas.

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

SIGNED Roger C. Hanks by John M. Nelson TITLE General Partner DATE 3-22-68

APPROVED BY [Signature] TITLE SUPERVISOR DATE _____

CONDITIONS OF APPROVAL, IF ANY: