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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.

K-2129

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 Redfern Development Corporation	8. Farm or Lease Name Redfern State
3. Address of Operator P. O. Box 1747, Midland, Texas 79701	9. Well No. 4
4. Location of Well UNIT LETTER H , 660 FEET FROM THE East LINE AND 2200 FEET FROM THE North LINE, SECTION 16 TOWNSHIP 9S RANGE 33E NMPM.	10. Field and Pool, or Wildcat Flying M (Bough "C")
15. Elevation (Show whether DF, RT, GR, etc.) 4368.5 Grnd.	12. County Lea

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"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>
OTHER <input type="checkbox"/>	OTHER <u>Temporarily Abandon</u> <input checked="" type="checkbox"/>
PLUG AND ABANDON <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
CHANGE PLANS <input type="checkbox"/>	PLUG AND ABANDONMENT <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 1703.

T. D. 9573'
13 3/8" 48# Casing set @400'
8 5/8" Casing set @4600'
Set 25 sack Cement Plug from 9150'
Set 25 sack Cement Plug from 8650'
Set 25 sack Cement Plug from 5500'
Set 25 sack Cement Plug from 4620' and up into
8 5/8" Casing.
Bolted on steel cap - on 8 5/8" Casing.

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

SIGNED Frank A. Skifman TITLE PRODUCTION MANAGER DATE March 11, 1969

APPROVED BY Joe [Signature] TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: