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LAND OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-85

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 Harton - State
9. Well No. 1
10. Field and Pool, or Wildcat Tatum Wolfcamp
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
Mayne & Mertz, Inc.

3. Address of Operator
P. O. Box 183, Midland, TX 79702

4. Location of Well
UNIT LETTER H 2310 FEET FROM THE North LINE AND 990 FEET FROM
THE East LINE, SECTION 7 TOWNSHIP 13-S RANGE 36-E NMPM.

15. Elevation (Show whether DF, RT, GR, etc.)
4004' G. L.

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"/> TEMPORARILY ABANDON <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> OTHER <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> CASING TEST AND CEMENT JOB <input checked="" 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 1102.


CASING: 8-5/8" set @ 4495' on 2/10/84

Interval	Size	Wt.	Gr.	Conn
0-216'	8-5/8"	32#	J-55	STC
216'-2216'	8-5/8"	24#	J-55	STC
2216'-4495'	8-5/8"	32#	J-55	STC

CEMENTING: 1650 sks Halliburton "Light" w/ 15# salt & 1/4# flocele per sk & 150 sks Class "C" w/ 2% CaCl₂. Circulated 27 sks cmt. to pits.

PRESSURE TEST: 1000 psi held 30 mins with no pressure drop.

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

SIGNED 	TITLE President	DATE 2/14/84
ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR		
APPROVED BY	TITLE	DATE FEB 20 1984
CONDITIONS OF APPROVAL, IF ANY:		

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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.	

SUNDRY NOTICES AND REPORTS ON WELLS

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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 Mayne & Mertz, Inc.	8. Farm or Lease Name Harton - State
3. Address of Operator P. O. Box 183, Midland, TX 79702	9. Well No. 1
4. Location of Well UNIT LETTER <u>H</u> , <u>2310</u> FEET FROM THE <u>North</u> LINE AND <u>990</u> FEET FROM THE <u>East</u> LINE, SECTION <u>7</u> TOWNSHIP <u>13-S</u> RANGE <u>36-E</u> NMPM.	10. Field and Pool, or Wildcat Tatum Wolfcamp
15. Elevation (Show whether DF, RT, GR, etc.) 4004' G. L.	12. County Lea

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 JOBS <input checked="" 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.

CASING: 8-5/8" set @ 4495' on 2/10/84

Interval	Size	Wt.	Gr.	Conn
0-216'	8-5/8"	32#	J-55	STC
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SIGNED [Signature] TITLE President

RECEIVED

FEB 17 1984

DATE 2/14/84

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: