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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 <input type="checkbox"/>	Fee <input checked="" type="checkbox"/>
5. State Oil & Gas Lease No.	

## 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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- <b>Temporary Abandon</b>		7. Unit Agreement Name	
2. Name of Operator <b>The Atlantic Refining Company</b>		8. Farm or Lease Name <b>B.C. Dickinson "D"</b>	
3. Address of Operator <b>P. O. B ox 1978, Roswell, New Mexico 88201</b>		9. Well No. <b>11</b>	
4. Location of Well UNIT LETTER <b>F</b> <b>2310</b> FEET FROM THE <b>west</b> LINE AND <b>1980</b> FEET FROM THE <b>north</b> LINE, SECTION <b>35</b> TOWNSHIP <b>14S</b> RANGE <b>37E</b> N.M.P.M.		10. Field and Pool, or Wildcat <b>Denton Wolfcamp</b>	
15. Elevation (Show whether DF, RT, GR, etc.) <b>3813 DF</b>		12. County <b>Lea</b>	

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 <b>Temporary Abandon</b> <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.

**Well TA and Shut-In. No plans at present for future operations or remedial work.**  
**Form C-102 approved 11-14-55.**

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

SIGNED Original Signed **A. D. Kloxin** TITLE **Dist. Production & Enlg. Sup't.** DATE **June 16, 1965**

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY: