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HOBBS OFFICE O. C. C.  
NEW MEXICO OIL CONSERVATION COMMISSION

JUN 6 10 20 AM '69

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

5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. L 200
7. Unit Agreement Name
8. Farm or Lease Name State DS
9. Well No. 1
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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>
2. Name of Operator Aztec Oil & Gas Company
3. Address of Operator P. O. Box 337 Hobbs, New Mexico
4. Location of Well UNIT LETTER N 650 FEET FROM THE South LINE AND 1650 FEET FROM THE West LINE, SECTION 24 TOWNSHIP 17 RANGE 36 NMPM.
15. Elevation (Show whether DF, RT, GR, etc.) 3826 DF

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐  
TEMPORARILY ABANDON ☐  
PULL OR ALTER CASING ☐  
OTHER ☐

PLUG AND ABANDON ☐  
CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐  
COMMENCE DRILLING OPNS. ☐  
CASING TEST AND CEMENT JOB ☒  
OTHER ☐ Surface Casing

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.

Drilled 17 1/2" hole to 360'

Ran 11 joints 13 3/8, 48# new casing to 360

Cemented with 350 sx class C containing 2 % CaCl and 1/4 pound Cello-flake per sack. Plug down 9:00 P.M. May 20, 1969 Cement Circulated

W.O.C. 24 hours

Pressured up on casing and held okay

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

SIGNED DAVID A. DONALDSON

TITLE District Geologist

DATE 6/6/69

APPROVED BY

TITLE SUPERVISOR DISTRICT

DATE JUL 10 1969

CONDITIONS OF APPROVAL, IF ANY: