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NEW MEXICO OIL CONSERVATION COMMISSION

SEP 17 9 45 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. <b>B-85</b>
7. Unit Agreement Name
8. Farm or Lease Name <b>State A</b>
9. Well No. <b>2</b>
10. Field and Pool, or Wildcat <b>Penrose Skelly</b>
12. County <b>Lea</b>

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-
2. Name of Operator <b>SOHIO PETROLEUM COMPANY</b>
3. Address of Operator <b>P. O. Box 3167, Midland, Texas 79701</b>
4. Location of Well UNIT LETTER <b>E</b> <b>1980</b> FEET FROM THE <b>North</b> LINE AND <b>4620</b> FEET FROM THE <b>East</b> LINE, SECTION <b>32</b> TOWNSHIP <b>21-S</b> RANGE <b>37-E</b> NMPM.
15. Elevation (Show whether DF, RT, GR, etc.) <b>3469 DF</b>

16.

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 ☒ **Inspect connections to bradenhead and check pressure**

ALTERING CASING ☐  
PLUG AND ABANDONMENT ☐

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.

Permanent connections have been installed to check bradenhead pressures at the surface, and the well was inspected and approved by Mr. John Runyan of the New Mexico Oil Conservation Commission on September 2, 1969.

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

SIGNED **A. K. HOOD** TITLE **District Superintendent**

DATE **September 16, 1969**

APPROVED BY **[Signature]**

TITLE **SUPERVISOR**

DATE **SEP 18 1969**

CONDITIONS OF APPROVAL, IF ANY: