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NEW MEXICO OIL CONSERVATION COMMISSION

Nov 15 1 30 PM '65

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

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.)

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| <p>1. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER</p> <p>2. Name of Operator TEXAS PACIFIC OIL COMPANY</p> <p>3. Address of Operator P. O. Box 1069; Hobbs, New Mexico</p> <p>4. Location of Well UNIT LETTER N 2310 FEET FROM THE north LINE AND 350 FEET FROM THE east LINE, SECTION 11 TOWNSHIP 22-S RANGE 36-E N.M.P.M.</p> <p>15. Elevation (Show whether D.F., RT., GR., etc.) 3513 G.L.</p> | <p>5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/></p> <p>5. State Oil & Gas Lease No.</p> <p>7. Unit Agreement Name</p> <p>8. Farm or Lease Name State "A" A/c-2</p> <p>9. Well No. 17</p> <p>10. Field and Pool, or Wildcat Arrowhead</p> <p>12. County Lea</p> |
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Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

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| <p>NOTICE OF INTENTION TO:</p> <p>PERFORM REMEDIAL WORK <input type="checkbox"/></p> <p>TEMPORARILY ABANDON <input type="checkbox"/></p> <p>PILL OR ALTER CASING <input type="checkbox"/></p> <p>OTHER <input type="checkbox"/></p> | <p>SUBSEQUENT REPORT OF:</p> <p>PLUG AND ABANDON <input type="checkbox"/></p> <p>REMEDIAL WORK <input type="checkbox"/></p> <p>CHANGE PLANS <input type="checkbox"/></p> <p>OTHER <input checked="" type="checkbox"/> TEMPORARILY ABANDONED</p> <p>ALTERING CASING <input type="checkbox"/></p> <p>COMMENCE DRILLING OPNS. <input type="checkbox"/></p> <p>CASING TEST AND CEMENT JOB <input type="checkbox"/></p> <p>PLUG AND ABANDONMENT <input type="checkbox"/></p> |
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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.

HELD FOR POSSIBLE REMEDIAL WORK AND SECONDARY RECOVERY.

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

SIGNED Original signed by Hollis W. Deats TITLE Area Engineer DATE 11-10-65

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: