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LAND OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

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

5a. Indicate Type of Lease
State Fee
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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator Samedan Oil Corporation	8. Firm or Lease Name Boyd
3. Address of Operator 2207 Wilco Building, Midland, Texas 79701	9. Well No. 2
4. Location of Well UNIT LETTER J , 1550 FEET FROM THE South LINE AND 2000 FEET FROM THE Last LINE, SECTION 23 TOWNSHIP 22-S RANGE 07-E N.M.P.M.	10. Field and Pool, or Wildcat Undesignated
15. Elevation (Show whether DF, RT, GR, etc.) 3319.9 GL	12. County Lea

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 _____

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.

Spudded at 3:00 p.m. April 8, 1968. Drilled 2 1/2" hole 1150 feet.
Ran 9 5/8" 26.0#, H-40 S.T.&C. R-2 casing and set at 1100 feet.
Cemented with 400 sacks class "C" plus 4% Gel. plus 2% C.C.
Cement circulated to surface. Plug down at 6:00 p.m.
April 9, 1968. Waited on cement 12 hours and pressure tested to
1000# p.s.i. with no pressure loss. Drilling ahead.

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

SIGNED G. W. Putnam G. W. Putnam TITLE Division Prod. Suppl. DATE 4-10-68

APPROVED BY John W. Runyan TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: