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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 <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. K-6802
7. Unit Agreement Name
8. Farm or Lease Name State "L"
9. Well No. 1
10. Field and Pool, or Wildcat Undesignated Penn.
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 Monsanto Company
3. Address of Operator 101 N. Marienfeld, Midland, Texas 79701
4. Location of Well UNIT LETTER P , 660 FEET FROM THE South LINE AND 660 FEET FROM THE East LINE, SECTION 19 TOWNSHIP 10S RANGE 34E NMPM.
15. Elevation (Show whether DF, RT, GR, etc.) furnish later

16. 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"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input checked="" type="checkbox"/>
OTHER <input type="checkbox"/>	OTHER <input type="checkbox"/>
PLUG AND ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
CHANGE PLANS <input type="checkbox"/>	PLUG AND ABANDONMENT <input 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.

9/29/68: At total depth of 4005', ran 8-5/8" 32# & 24# J-55 ST&C casing, set at 4004' and cemented with 250 sx incor 8% gel and 200 sx incor 2% CaCl. Plug Down 9:15 p.m. WOC 18 hrs and tested 1000 psi for 30 minutes, held okay.

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

SIGNED [Signature]	TITLE Dist. Prod. Supt.	DATE Oct. 2, 1968
APPROVED BY [Signature]	TITLE	DATE
CONDITIONS OF APPROVAL, IF ANY:		