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NEW MEXICO OIL CONSERVATION COMMISSION

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

HOBBS OFFICE D. C. C.
Dec 24 6 56 AM '69

Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. K 5024

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 Lone Star Producing Company	8. Farm or Lease Name N. M. (80) State
3. Address of Operator Box 4815, Midland, Texas 79701	9. Well No. 1
4. Location of Well UNIT LETTER B , 1980 FEET FROM THE East LINE AND 660 FEET FROM THE North LINE, SECTION 33 TOWNSHIP 14S RANGE 34E NMPM.	10. Field and Pool, or Wildcat Wildcat
15. Elevation (Show whether DF, RT, GR, etc.) 4117' G.L.	12. County Lea

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 ☐

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 11 inch hole from 420' to 4530'. Set 8-5/8", 21# & 32# casing at 4530' and cemented with 400 sacks of HOWCO Lite Wate and 100 sacks of Incor. Plug down at 11:30 P.M., 12-15-69. Installed BOP's and WOC for 19 hours. Tested BOP's and casing to 1500 psi for 30 minutes. Resumed drilling a 7-7/8" hole.

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

SIGNED C. R. Ramsey TITLE Dist. Prod. Superintendent DATE December 23, 1969
APPROVED BY [Signature] TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: