

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
OPERATOR		

NEW MEXICO OIL CONSERVATION COMMISSION, C.
 110 N.E. OIL FIELD
 JAN 5 1 22 PM '66

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.
A-1375

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 GAS WELL OTHER

2. Name of Operator
Artec Oil & Gas Company

3. Address of Operator
P. O. Box 837, Hobbs, New Mexico

4. Location of Well
 UNIT LETTER **J** **1980** FEET FROM THE **East** LINE AND **1980** FEET FROM

THE **South** LINE, SECTION **1** TOWNSHIP **18-S** RANGE **36-E** NMPM.

7. Unit Agreement Name

8. Farm or Lease Name
Catron State B

9. Well No.
2

10. Field and Pool, or Wildcat
Arkansas Junction Queen

15. Elevation (Show whether DF, RT, GR, etc.)
3783 GR

12. County
Lea

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

<p>NOTICE OF INTENTION TO:</p> <p>PERFORM REMEDIAL WORK <input type="checkbox"/></p> <p>TEMPORARILY ABANDON <input type="checkbox"/></p> <p>PULL 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>CHANGE PLANS <input type="checkbox"/></p> <p>REMEDIAL WORK <input type="checkbox"/></p> <p>COMMENCE DRILLING OPNS. <input type="checkbox"/></p> <p>CASING TEST AND CEMENT JOB <input type="checkbox"/></p> <p>OTHER <input checked="" type="checkbox"/></p> <p>ALTERING CASING <input type="checkbox"/></p> <p>PLUG AND ABANDONMENT <input type="checkbox"/></p>
---	---

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.

This well is temporarily abandoned awaiting further development in area.

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

original signed by
 SIGNED LESTER L DUKE TITLE District Superintendent DATE January 4, 1966

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: