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| U.S.G.S. | | |
| 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.
E-1640

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
MILLARD DECK
3. Address of Operator
P. O. Box 1047, Eunice, New Mexico 88231
4. Location of Well
UNIT LETTER **0**, **660** FEET FROM THE **South** LINE AND **1980** FEET FROM THE **East** LINE, SECTION **32** TOWNSHIP **20S** RANGE **36E** NMPM.
10. Field and Pool, or Wildcat
Eumont Yates 7 Rivers Queen
15. Elevation (Show whether DF, RT, GR, etc.)
3635' DF
12. County
Lea

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"/> | PLUG AND ABANDON <input type="checkbox"/> | REMEDIAL WORK <input type="checkbox"/> | ALTERING CASING <input type="checkbox"/> |
| TEMPORARILY ABANDON <input type="checkbox"/> | CHANGE PLANS <input type="checkbox"/> | COMMENCE DRILLING OPNS. <input type="checkbox"/> | PLUG AND ABANDONMENT <input type="checkbox"/> |
| PULL OR ALTER CASING <input type="checkbox"/> | OTHER <input type="checkbox"/> | CASING TEST AND CEMENT JOBS <input type="checkbox"/> | OTHER <u>Temporary Abandonment</u> <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.

SUBSEQUENT NOTICE OF:
Temporarily abandoned, 10-29-74
Pending plans for a work over.

Expires 11/1/75

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

SIGNED Millard Deck TITLE Owner-Operator DATE 10-31-74

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: