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NEW MEXICO OIL CONSERVATION COMMISSION
 FEB 11 11 08 AM '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.
B-11297-2

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 Artec Oil & Gas Company 3. Address of Operator P. O. Box 837, Hobbs, New Mexico 4. Location of Well UNIT LETTER F , 1650 FEET FROM THE North LINE AND 1980 FEET FROM THE West LINE, SECTION 33 TOWNSHIP 20-S RANGE 36-E NMPM. 15. Elevation (Show whether DF, RT, GR, etc.) 3607 KB	7. Unit Agreement Name 8. Farm or Lease Name State E-33 9. Well No. 3 10. Field and Pool, or Wildcat Emont 12. County Lea
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16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> OTHER _____ <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/>	SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> CASING TEST AND CEMENT JOB <input type="checkbox"/> OTHER _____ <input checked="" type="checkbox"/> ALTERING CASING <input type="checkbox"/> PLUG AND ABANDONMENT <input type="checkbox"/>
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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 water flood development.

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

SIGNED original signed by LESTER L. DUKF TITLE District Superintendent DATE 2-3-66

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: