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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.

**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  
Delaware-Apache Corporation

3. Address of Operator  
1720 Wilco Bldg. Midland, Texas 79701

4. Location of Well  
UNIT LETTER D 660 FEET FROM THE North LINE AND 660 FEET FROM  
THE West LINE, SECTION 21 TOWNSHIP 9S RANGE 34E NMPM.

7. Unit Agreement Name

8. Farm or Lease Name  
Pruitt

9. Well No.  
2

10. Field and Pool, or Wildcat  
Vada Penn

11. Elevation (Show whether DF, RT, GR, etc.)  
N/A

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 checked="" 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 JOB <input type="checkbox"/>	
		OTHER _____ <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.

11-17-70 Hydraulic pumping equipment removed and beam type pumping equip installed, Placed well on production

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

SIGNED Bonnie Husband TITLE Production Clerk DATE 11-23-70

APPROVED BY [Signature] TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY: