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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.
LG-949 & LG-691

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 type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER- | 7. Unit Agreement Name |
| 2. Name of Operator Flag-Redfern Oil Company | 8. Farm or Lease Name State "16" Com. |
| 3. Address of Operator P. O. Box 23, Midland, Texas 79701 | 9. Well No. 2 |
| 4. Location of Well UNIT LETTER <u>L</u> , <u>660</u> FEET FROM THE <u>West</u> LINE AND <u>1980</u> FEET FROM THE <u>South</u> LINE, SECTION <u>16</u> TOWNSHIP <u>9S</u> RANGE <u>38E</u> NMPM. | 10. Field and Pool, or Wildcat Sawyer (San Andres) |
| 15. Elevation (Show whether DF, RT, GR, etc.) 3958' GR | 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 Set surface casing

ALTERING CASING
PLUG AND ABANDONMENT

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 12 1/2" hole from surface to 367'. Set 8-5/8", 24 lb/ft, K-55 casing at 367'. Cemented with 250 sx Class "C", 2% CaCl. Cement circulated. Cement job complete at 9:30 A.M., 5-14-75. WOC 18 hrs. Tested casing to 600 psig for 30 mins, held okay.

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

SIGNED [Signature] TITLE Production Manager DATE July 9, 1975

APPROVED BY [Signature] TITLE Geologist DATE July 15, 1975

CONDITIONS OF APPROVAL, IF ANY: