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OPERATOR		

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

SUNDY NOTICES AND REPORTS ON WELLS <small>(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.)</small>		5a. Indicate Type of Lease State <input type="checkbox"/> Fee <input checked="" type="checkbox"/>
		5. State Oil & Gas Lease No.
		7. Unit Agreement Name
		8. Farm or Lease Name Vermejo Park
		9. Well No. 2
		10. Field and Pool, or Wildcat Wildcat
OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- Drilling Well Name of Operator W. J. Gourley Address of Operator P. O. Box 177, Graham, Texas 76746 Location of Well UNIT LETTER A 820.7 FEET FROM THE East LINE AND 864.4 FEET FROM THE North LINE, SECTION 16 TOWNSHIP 30N RANGE 19E NMPM.		12. County Colfax
15. Elevation (Show whether DE, RT, GR, etc.) 7200 Ft. G. L.		

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

Date Last Report 7/6/67
Depth Last Report 3800 Ft.
3800 Ft. to 4975 ft. Black Shale T. D.

Confidential

MAIN OFFICE

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

SIGNED W. H. Perry TITLE Superintendent DATE 7/13/67
 APPROVED BY _____ TITLE _____ DATE _____
 CONDITIONS OF APPROVAL, IF ANY: