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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 <input type="checkbox"/>	Fee <input checked="" type="checkbox"/>
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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		7. Unit Agreement Name
2. Name of Operator <b>DON RILEY</b>		8. Farm or Lease Name <b>WICKETT</b>
3. Address of Operator <b>Box 1975 - Odessa, Texas 79760</b>		9. Well No. <b>#1</b>
4. Location of Well UNIT LETTER <b>#1</b> , <b>2200</b> FEET FROM THE <b>North</b> LINE AND <b>990</b> FEET FROM THE <b>West</b> LINE, SECTION <b>5</b> TOWNSHIP <b>8N</b> RANGE <b>23E</b> NMPM.		10. Field and Pool, or Wildcat <b>Wildcat</b>
15. Elevation (Show whether DF, RT, GR, etc.)		12. County <b>Guadalupe</b>

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

Plugged as per instruction from New Mexico Oil Conservation Commission with  
150 sacks --- T.D. 1226 feet  
As per attached Halliburton statement



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

SIGNED g. l. / 15 TITLE Operator DATE 3-1-79

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY: