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

NEW MEXICO OIL CONSERVATION COMMISSION

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-

7. Unit Agreement Name

2. Name of Operator

Astro-Tex Oil Corporation of New Mexico

8. Farm or Lease Name

Arthur Cain

3. Address of Operator

Box 1256, Levelland, Texas 79336

9. Well No.

2

4. Location of Well

UNIT LETTER __J__ , __1980__ FEET FROM THE __East__ LINE AND __1980__ FEET FROM

THE __South__ LINE, SECTION __22__ TOWNSHIP __15 N__ RANGE __33 E__ NMPM.

10. Field and Pool, or Wildcat

Wildcat

15. Elevation (Show whether DF, RT, GR, etc.)

4140 GR

12. County

Harding

16.

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK ☐   PLUG AND ABANDON ☐   REMEDIAL WORK ☐   ALTERING CASING ☐

TEMPORARILY ABANDON ☒   COMMENCE DRILLING OPNS. ☐   PLUG AND ABANDONMENT ☐

PULL OR ALTER CASING ☐   CHANGE PLANS ☐   CASING TEST AND CEMENT JOB ☐

OTHER___   OTHER___   ☐

OTHER___ ☐

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.

On form C-103 and date of April 25, 1972 a report was mailed to the oil and gas conservation commission of the operations on this well up to that time, and that we were waiting on orders and Geological information.

When pipe was set on this well (4-1/2 inch) cement was circulated. At the presant time A cap is welded on top of pipe. To re-enter well pipe will have to be cut off under cap.

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

SIGNED _Stanley J Postle_   TITLE _Vice President_   DATE _8-2-72_

APPROVED BY___   TITLE___   DATE___

CONDITIONS OF APPROVAL, IF ANY: