

DISTRIBUTION	3	
SANTA FE	1	✓
FILE	1	✓
U.S.G.S.		
LAND OFFICE		
OPERATOR	1	

NEW MEXICO OIL CONSERVATION COMMISSION

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

RECEIVED

MAR 6 - 1979

3a. Indicate Type of Lease  
State  Fee

3. State Oil & Gas Lease No.  
B 11276-2

7. Unit Agreement Name  
Cowtown Unit

8. Name of Lease Home

9. Well No.  
102

10. Field and Pool, or Wildcat  
Artesia Queen  
Grayburg San Andres

12. County  
Eddy

**SUNDRY NOTICES AND REPORTS ON WELLS**  
DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO RE-OPEN OR RE-LOG BACK TO A DIFFERENT RESERVOIR.  
USE "APPLICATION FOR PERMIT TO DRILL OR RE-OPEN OR RE-LOG BACK TO A DIFFERENT RESERVOIR" FORM.

1.  OIL WELL  GAS WELL  OTHER: **O. G. C. ARTESIA, OFFICE**

2. Name of Operator  
**Anadarko Production Company**

3. Address of Operator  
**P. O. Box 67, Loco Hills, New Mexico 88255**

4. Location of Well  
UNIT LETTER **L** **1980** FEET FROM THE **South** LINE AND **660** FEET FROM  
THE **West** LINE, SECTION **13** TOWNSHIP **18S** RANGE **28E** NMPM.

15. Elevation (Show whether DF, RT, GR, etc.)  
**3571.9**

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

<b>NOTICE OF INTENTION TO:</b>		<b>SUBSEQUENT REPORT OF:</b>	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUS AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUS 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 <u>Braidenhead Hookup</u> <input checked="" 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 1509.

2" pipe on clamp - no Braidenhead.  
Witnessed by B. W. - N. M. O. C. D. - 2-9-79.

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

SIGNED: [Signature] TITLE Area Supervisor DATE February 22, 1979

APPROVED BY: [Signature] TITLE OIL AND GAS INSPECTOR DATE MAR 26 1979

CONDITIONS OF APPROVAL, IF ANY: