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LAND OFFICE	
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NEW MEXICO OIL CONSERVATION COMMISSION

SEP 21 1966

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 Lone Star Producing Company	8. Farm or Lease Name Santa Fe
3. Address of Operator Box 4815, Midland, Texas 79701	9. Well No. 2
4. Location of Well UNIT LETTER 0 660 FEET FROM THE South LINE AND 1,980 FEET FROM THE East LINE, SECTION 19 TOWNSHIP 9S RANGE 37E NMPM.	10. Field and Pool, or Wildcat East Crossroads Dev.
15. Elevation (Show whether DF, RT, GR, etc.) 4,001' Ground	12. County Lea

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"/>	PLUG 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"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input checked="" type="checkbox"/> Replace Rod Pump w/Kobe Casing Pump	CASING TEST AND CEMENT JOB <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.

Plan to replace rod pump with Kobe hydraulic casing pump. We desire to set Kobe pump at 12,000' so higher volumes of oil and water can be pumped.

We want to install this pump on September 23, 1966.

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

SIGNED *E. J. Sneed* TITLE Dist. Prod. Supt. DATE Sept. 21, 1966

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: