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**HOBBS OFFICE O. C. C.**  
**NEW MEXICO OIL CONSERVATION COMMISSION**

**Dec 2 11 32 AM '66**

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

5a. Indicate Type of Lease	
State <input checked="" type="checkbox"/>	Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.	
<b>K-169</b>	

**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>Bell Petroleum Company</b>		8. Farm or Lease Name <b>State-5</b>
3. Address of Operator <b>P. O. Box 1538 - Midland, Texas 79701</b>		9. Well No. <b>3</b>
4. Location of Well UNIT LETTER <b>J</b> , <b>1980</b> FEET FROM THE <b>South</b> LINE AND <b>1980</b> FEET FROM THE <b>East</b> LINE, SECTION <b>5</b> TOWNSHIP <b>9-S</b> RANGE <b>32-E</b> NMPM.		10. Field and Pool, or Wildcat <b>S. Button Mesa-San And.</b>
15. Elevation (Show whether DF, RT, GR, etc.) <b>4439'</b>		12. County <b>Lea</b>

**Check Appropriate Box To Indicate Nature of Notice, Report or Other Data**  
**NOTICE OF INTENTION TO:**

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>

**SUBSEQUENT REPORT OF:**

REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
CASING TEST AND CEMENT JOBS <input type="checkbox"/>	OTHER <b>Report on status of well</b> <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 1103.

**Well temporarily shut in. No immediate plans for change in status of well.**

THE COMMISSION MUST BE ADVISED  
 EVERY 6 MONTHS ON FORM C-103  
 AS TO THE WELL STATUS AND YOUR  
 FUTURE PLANS FOR THIS WELL

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

SIGNED *[Signature]* TITLE PROD. SEC. DATE December 1, 1966

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

CONDITIONS OF APPROVAL, IF ANY: \