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HOBBS OFFICE O.C.C.
NEW MEXICO OIL CONSERVATION COMMISSION
JUN 2 11 32 AM '67

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. K-2809 & K-3793
7. Unit Agreement Name Crossroads Dev. Unit
8. Farm or Lease Name C. Dev. Unit
9. Well No. 1
10. Field and Pool, or Wildcat Crossroads Dev. Pool
12. County Lea

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"/>
2. Name of Operator Ralph Lowe
3. Address of Operator PO Box 832, Midland, Texas 79701
4. Location of Well UNIT LETTER <u>O</u> <u>660</u> FEET FROM THE <u>South</u> LINE AND <u>1980</u> FEET FROM THE <u>East</u> LINE, SECTION <u>16</u> TOWNSHIP <u>10-S</u> RANGE <u>36-E</u> NMPM.
15. Elevation (Show whether DF, RT, GR, etc.) 4018 DF

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 JOB <input type="checkbox"/>	OTHER <u>Well Temporarily Abandoned</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 1103.

Well shut in and temporarily abandoned. May be put back on production at a later date.

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

SIGNED Leslie N. Clement TITLE agent DATE 6/1/67
APPROVED BY Leslie N. Clement TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: