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LAND OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

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.	

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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER-		7. Unit Agreement Name
2. Name of Operator		8. Farm or Lease Name
States Gas Producing Company		Fee
3. Address of Operator		9. Well No.
Box 2498, Abilene, Texas		2
4. Location of Well		10. Field and Pool, or Wildcat
UNIT LETTER _____, 1840 FEET FROM THE North LINE AND 1840 FEET FROM		Flying "M" (San And)
THE _____ LINE, SECTION 28 TOWNSHIP 9-S RANGE 33-E NMPM.		
15. Elevation (Show whether DF, RT, GR, etc.)		12. County
4340.4' GR		Lea

16.

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐

TEMPORARILY ABANDON ☐

PULL OR ALTER CASING ☐

OTHER ☐

PLUG AND ABANDON ☐

CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐

COMMENCE DRILLING OPNS. ☐

CASING TEST AND CEMENT JOB ☒

OTHER ☐

ALTERING CASING ☐

PLUG AND ABANDONMENT ☐

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.

DATE: 6:30 a.m. 4-25-65

led to 4575'. Ran 35 jts N-80, 11.6# LTC,
23 jts J-55, 11.6#, STC
86 jts J-55, 9.5#, STC
144 jts Casing set at 4575' w/ 420 gals
lcal Wash, 250 sks Class "C" 1:1 Litepoz, 4% gel and 27 sks
10 gals cealment. P-D at 11:15 a.m. WOC - 24 hours.
d casing with 1000# - held o. k.

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

SIGNED Joe E. Howard TITLE Production Superintendent DATE May 22, 1965

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: