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NEW MEXICO OIL CONSERVATION COMMISSION - C. C.

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

Aug 3 11 55 AM '66

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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		7. Unit Agreement Name
2. Name of Operator <b>Delaware-Apache Corporation</b>		8. Farm or Lease Name <b>Barnes</b>
3. Address of Operator <b>1720 Wilco Building, Midland, Texas</b>		9. Well No. <b>1</b>
4. Location of Well UNIT LETTER <b>F</b> <b>1980</b> FEET FROM THE <b>North</b> LINE AND <b>1980</b> FEET FROM <b>West</b> <b>19</b> TOWNSHIP <b>9-South</b> RANGE <b>35-East</b> NMPM.		10. Field and Pool, or Wildcat
15. Elevation (Show whether DF, RT, GR, etc.) <b>4180.6' GR</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 ☐  
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.

**Stickney Bros. on 12-13-65 pulled 1603' of 8-5/8" casing, spotted 25 sxs. cement plug 1200 to 1160 and 25 sxs. plug from 420 to 378, 10 sxs into surface. Installed marker. Rigged down.**

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

SIGNED Harry Shannon TITLE Area Engineer DATE August 3, 1966

APPROVED BY Leslie H. Connors TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY: