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NEW MEXICO OIL CONSERVATION COMMISSION

JAN 24 11 53 AM '66

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

5a. Indicate Type of Lease
State ☐ Fee ☒

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-	7. Unit Agreement Name
2. Name of Operator Tom Brown Drilling Company, Inc.	8. Farm or Lease Name Len Mayer
3. Address of Operator %Albritton & Meyer, Box 524, Midland, Texas	9. Well No. 1
4. Location of Well UNIT LETTER D , 660 FEET FROM THE West LINE AND 660 FEET FROM THE North LINE, SECTION 23 TOWNSHIP 9-S RANGE 34-E N.M.P.M.	10. Field and Pool, or Wildcat Wildcat
15. Elevation (Show whether DF, RT, GR, etc.) 4229.2 GR	12. County Lea

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

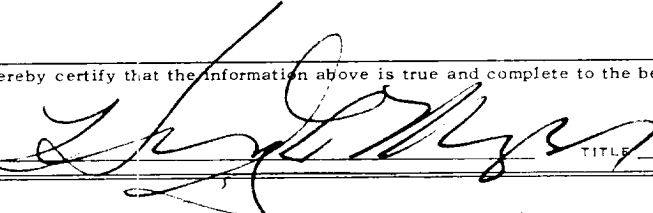
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> OTHER <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> CASING TEST AND CEMENT JOB <input type="checkbox"/> OTHER Drill Stem Test <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.

December 17, 1965

DST #1 - 4718 to 4801 feet. 1 1/2 hour test, weak blow through out. Recovered 270' of slightly oil and gas cut mud, 400' very slight gas cut sulphur water. IF 84, FF 267, 30 min. ISIP 1551, 1 hour FSI 1522.

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

SIGNED  TITLE **Agent** DATE **1-18-66**

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: