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LAND OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION C.

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

AUG 17 11 59 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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- <u>T & A @ 5500' PBD</u>		7. Unit Agreement Name
2. Name of Operator <u>Ralph Lowe</u>		8. Farm or Lease Name <u>Santa Fe</u>
3. Address of Operator <u>Box 832, Midland, Texas, 79701</u>		9. Well No. <u>1</u>
4. Location of Well UNIT LETTER <u>N</u> <u>610</u> FEET FROM THE <u>South</u> LINE AND <u>2030</u> FEET FROM THE <u>West</u> LINE, SECTION <u>20</u> TOWNSHIP <u>9-S</u> RANGE <u>36-E</u> NMPM.		10. Field and Pool, or Wildcat <u>Wildcat</u>
15. Elevation (Show whether DF, RT, GR, etc.) <u>407.5 DF (Est.)</u>		12. County <u>Lea</u>

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 ☐
OTHER ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOB ☐
OTHER ☐

ALTERING CASING ☐
PLUG AND ABANDONMENT ☒
OTHER ☐

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 Plugged per instructions of Mr. E.F. Engbrecht as follows on August 2, 1966:
25 sacks at bottom of 8 5/8" Casing, and 10 sacks at surface, with 4' Marler.

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

SIGNED <u>[Signature]</u>	TITLE <u>Agent</u>	DATE <u>8/15/66</u>
APPROVED BY <u>[Signature]</u>	TITLE _____	DATE _____
CONDITIONS OF APPROVAL, IF ANY:		