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NEW MEXICO OIL CONSERVATION COMMISSION

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

OCT 7 1 13 PM '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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		7. Unit Agreement Name
2. Name of Operator Southland Royalty Company		8. Farm or Lease Name Epperson
3. Address of Operator 1405 Wilco Bldg., Midland, Texas 79701		9. Well No. 1
4. Location of Well UNIT LETTER G , 1830 FEET FROM THE North LINE AND 1980 FEET FROM THE East LINE, SECTION 24 TOWNSHIP 11-S RANGE 33-E NMPM.		10. Field and Pool, or Wildcat Undesig. (Inco-Penn.) Ext.
15. Elevation (Show whether DF, RT, GR, etc.) 4216.9 G.L.		12. County 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 ☐

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.

Spudded well @ 12:30 p.m. 9-29-66. Drill 17" hole to 355'. Ran 11 jts 11 3/4" OD 42# J-55 casing set @ 355'. Downed cement w/320 sx 2% gel plus 50 sx reg. neat w/2% calcium chloride. Plug down @ 10:15 p.m., 9-29-66. Cement circulated. WOC 24 hours. Test casing & BOP w/1500 psi for 30 min., held O.K. Drill ahead 11" hole.

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

SIGNED Alton C. Goodrich TITLE Dist. Prod. Supt. DATE October 3, 1966

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: