

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
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. K 3204
7. Unit Agreement Name
8. Farm or Lease Name Holt State A 5A
9. Well No. 1
10. Field and Pool, or Wildcat Vada Penh
12. County Lea

**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"/>
2. Name of Operator Tom Brown Drilling Company, Inc.
3. Address of Operator P. O. Box 5706, Midland, Texas 79701
4. Location of Well UNIT LETTER <u>D</u> , <u>660</u> FEET FROM THE <u>660</u> LINE AND <u>11</u> FEET FROM THE <u>W</u> LINE, SECTION <u>4</u> TOWNSHIP <u>10S</u> RANGE <u>34E</u> NMPM.
15. Elevation (Show whether DF, RT, GR, etc.) 4234 GL

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data	
<p>NOTICE OF INTENTION TO:</p> <p>PERFORM REMEDIAL WORK <input type="checkbox"/></p> <p>TEMPORARILY ABANDON <input type="checkbox"/></p> <p>PULL OR ALTER CASING <input type="checkbox"/></p> <p>OTHER <input type="checkbox"/></p>	<p>SUBSEQUENT REPORT OF:</p> <p>PLUG AND ABANDON <input type="checkbox"/></p> <p>CHANGE PLANS <input type="checkbox"/></p> <p>OTHER <input type="checkbox"/></p> <p>REMEDIAL WORK <input type="checkbox"/></p> <p>COMMENCE DRILLING OPNS. <input type="checkbox"/></p> <p>CASING TEST AND CEMENT JOB <input checked="" type="checkbox"/></p> <p>OTHER <input type="checkbox"/></p> <p>ALTERING CASING <input type="checkbox"/></p> <p>PLUG AND ABANDONMENT <input checked="" type="checkbox"/></p>

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.

1-1-69 Ran 10 joints of 12-3/4 OD 34 lb/ft. Set @ 360'. Cemented with 400 sxs. Class H and 2% calcium chloride. WOC 8 hours. Tested casing to 800 psi for 30 minutes, held OK.

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>Engr.</u>	DATE <u>2/14/69</u>
APPROVED BY <u>[Signature]</u>	TITLE _____	DATE _____
CONDITIONS OF APPROVAL, IF ANY:		