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NEW MEXICO OIL CONSERVATION COMMISSION

SEP 17 8 45 AM '69

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

5a. Indicate Type of Lease State <input type="checkbox"/> Fee <input checked="" type="checkbox"/>
5. State Oil & Gas Lease No.
7. Unit Agreement Name
8. Farm or Lease Name Lucile Rives
9. Well No. 1
10. Field and Pool, or Wildcat Undesignated
12. County Lee

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"/>
2. Name of Operator Midwest Oil Corporation
3. Address of Operator 1500 Wilco Building, Midland, Texas 79701
4. Location of Well UNIT LETTER N , 660 FEET FROM THE South LINE AND 1980 FEET FROM THE West LINE, SECTION 4 TOWNSHIP 9-S RANGE 34-E NMPM. 15. Elevation (Show whether DF, RT, GR, etc.) 4279.4 GL

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.

6-4-69: Spudded @ 7 PM
6-5-69: Ran 8 fts 11 3/4" Spiralweld 31.2# casing set at 315' w/325 sax Class "H" w/2% cc. Cement circulated - WOC 18 hrs. Tested @ 1000# psi for 30 min. Tested OK.
6-11-69: Ran 123 fts 8 5/8" 32# & 24# LTC, J-55 csg. set at 3972' w/400 sax Incor. WOC 18 hrs. Tested @ 1000# psi for 30 min. Tested OK.
7-10-69: Ran 295 fts 5 1/2" 17#, J-55 & N-80 casing set at 9750 w/650 sax Class "C" plus 2% gel and 5# salt per sax. WOC 24 hrs. Tested casing at 1000# psi for 30 min. Tested OK.

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

SIGNED Carolyn Turner TITLE Production Clerk DATE 9-15-69
APPROVED BY [Signature] TITLE SUPERVISOR DISTRICT DATE SEP 18 1969
CONDITIONS OF APPROVAL, IF ANY: