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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-2734

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"/>	7. Unit Agreement Name
2. Name of Operator Champlin Petroleum Company	8. Farm or Lease Name State 32-7-33
3. Address of Operator P. O. Box 1797, Midland, Texas	9. Well No. 1
4. Location of Well UNIT LETTER B , 660 FEET FROM THE North LINE AND 1980 FEET FROM THE East LINE, SECTION 32 TOWNSHIP 7-S RANGE 33-E NMPM.	10. Field and Pool, or Wildcat Undesignated
15. Elevation (Show whether DF, RT, GR, etc.) 4420 GR	12. County Roosevelt

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 ☐

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.

Spud 12 P.M. 4-5-65. Drilled 12-1/4" hole to 420'. Set 8-5/8", 20#, H-40 casing at 417' w/300 sacks regular cement with 2% calcium chloride. Circulated back approximately 35 sacks. Plug down at 8:30 P.M. 4-5-65. Tested casing and blow out preventer for 30 minutes to 600# with water at 4:00 P.M. 4-6-65. Tested o.k. Started drilling plug at 6:00 P.M. 4-6-65.

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

SIGNED H. N. Brown TITLE District Superintendent DATE April 12, 1965

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: